

SCHEDULE - I

ANNEXURE – I

(As per the admission rule for MBBS/BDS courses this certificate is to be issued only to one i.e. in the name of the candidate or his /her father/mother whoever is residing in Assam continuously for a minimum period of 20 years).

**PERMANENT RESIDENCY CERTIFICATE OF CANDIDATE OR HIS/HER
FATHER/MOTHER**

(Certificate of 20 years of continuous Residency in Assam)

This is to certify that the following person :

Name:.....

Relation of the above person with the candidate – the candidate himself or herself /
father of the candidate / mother of the candidate (give tick mark at the proper relation)

Is residing in village/Town..... PO.....
PS....., Mouza..... , District..... of
Assam continuously for years as per available documents and records.

This certificate is issued only for admission into Educational Institutions.

Signature of Deputy Commissioner or his/her authorized Officer
of the concerned District

Date:.....

Full Name of the Certifying Officer.....

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ANNEXURE – II

CERTIFICATE OF STUDY AT ASSAM BY THE CANDIDATE

(Separate Certificate in this format shall have to be submitted if studied at more than one school.

Please do photocopies of this format accordingly before filling it up)

Name of Candidate :
Name of Father :
Name of Mother :
Residential Address :

Certified that the above named candidate/person has studied in my school and his/her particulars during his/her study in my school as obtained from school records is given below -

Date of Admission :

Class in which admitted :

Class in which candidate left school :

Date of leaving School :

Reason for leaving School :

1. Completed course
2. Transferred to other School
3. Any other reason

The information provided above are true to my knowledge and belief and records.

Full Signature of the Head Master/Principal

Seal with date.....

Full Name of the Head Master/Principal.....

INSTRUCTION:

Certificate without the signatures as specified above shall not be accepted.

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ANNEXURE - III

**CERTIFICATE OF CASTE FOR THE CANDIDATES BELONGING TO
OBC/MOBC CATEGORY (NON CREAMY LAYER)**

Name of Candidate :
Name of Father :
Name of Mother :
Residential Address : Village:
PO.....
PS.....
Sub-Division.....
District.....
PIN.....

Certified that the above named candidate/person belongs to Other Backward Classes/ More Other Backward Classes and his/her Sub-Caste is..... and community is

This is also certified that the above named person falls under the category of Non Creamy Layer of OBC/MOBC.

This certificate is issued to the candidate after making proper enquiry to his/her caste status as per prevailing rules of Assam and guidelines issued by Govt. of India from time to time.

Signature of the Identifying Authority
Full Name of the Identifying Authority.....
Date:.....

Countersigned by the DC / SDO of the concerned
District/ Sub-Division

Full Name of the Certifying Officer.....

Date:.....

INSTRUCTIONS:-

- a) Sub caste and/ or Community in the certificate must be mentioned.
- b) Certificate without signature of both the Authorities / Officers shall not be accepted.
- c) Signature of any one of the following Identifying Authority is a must-
 - (i) Chairman of Sub-Divisional Dev. Board for the Welfare of the Other Backward Class within respective Sub-Division.
 - (ii) Member of All Assam State Advisory Council for the Welfare of the Other Backward Classes within the respective District to which the Member belongs.
 - (iii) President / Secretary of All Assam Other Backward Class Association within the jurisdiction concerned.
 - (iv) President / Secretary of District/Sub-divisional Other Backward Classes Association within the respective jurisdiction

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ANNEXURE - IV
CERTIFICATE OF CASTE FOR THE CANDIDATES BELONG TO
SC CATEGORY

Name of Candidate :
Name of Father :
Name of Mother :
Residential Address : Village:
PO.....
PS.....
Sub-Division.....
District.....
PIN.....

Certified that the above named candidate/person belongs to Scheduled Caste and
his/her Sub-Caste is and community is

This certificate is issued to the candidate after making proper enquiry to his/her caste status as
per prevailing rules of Assam and guidelines issued by Govt. of India from time to time.

Signature of the Identifying Authority
Full Name of the Identifying Authority.....
Date with seal.....

Signature of the Sub-Divisional Officer of the
concerned Sub-Division
Date with seal.....

Signature of the DC of the concerned
District

Date with seal

INSTRUCTIONS:-

- a) Sub caste and/ or Community in the certificate must be mentioned.
- b) Certificate without signature of both the Authorities / Officers shall not be accepted.
- c) Signature of any one of the following Identifying Authority is a must-
 - (i) Chairman of Sub-Divisional Scheduled Caste Dev. Board.
 - (ii) President / Vice-President of the Assam Anusuchit Jati Parishad.
 - (iii) President of District level Assam Anusuchit Jati Parishad.
 - (iv) President of Sub-Divisional level Assam Anusuchit Jati Parishad.
 - (v) President / Vice-President of All Assam Mali Samaj.
 - (vi) President of District Committee of All Assam Mali Samaj.
 - (vii) President of Sub-Divisional Committee of All Assam Mali Samaj.
 - (viii) President/Secretary All Assam Schedule Caste Dhobi People Welfare Council.

SCHEDULE - I
ANNEXURE - V
CERTIFICATE OF CASTE FOR THE CANDIDATES BELONGING TO
ST(P)/ ST(H) CATEGORY

Name of Candidate :
Name of Father :
Name of Mother :
Residential Address : Village:
PO.....
PS.....
Sub-Division.....
District.....
PIN.....

Certified that the above named candidate/person belongs to (Name of the tribe).....
..... Tribe which is recognized as
..... under the Constitution (Schedule Tribes) order 1950 as amended from time to time.

This certificate is issued to the candidate after making proper enquiry to his/her caste status as per prevailing rules of Assam and guidelines issued by Govt. of India from time to time.

Signature of the President/Vice-President of
All Assam Tribal Sangha/ District Unit of Assam Tribal Sangha

Full Name of the Signatory.....

Seal with Date:.....

Counter Signature of the DC of the concerned
District

Seal with Date:.....

INSTRUCTION :- Certificate without signature of both the Authorities / Officers shall not be accepted.

SCHEDULE - I
ANNEXURE - VI
CERTIFICATE FOR TGL/Ex- TGL COMMUNITY

This is to certify that Shri / Smti
son / daughter of Shri / Smti
Village P.S. Sub- Divn.
Dist of Assam belongs to the TGL / Ex-TGL Communities of Assam.

Counter Signature of Director of Tea
Welfare Government of Assam
Seal with Date:.....

Signature of Deputy Commissioner/
his authorised signatory of the Concerned
District
Seal with Date:.....

INSTRUCTION :- Certificate without signature of both the Authorities / Officers shall not be accepted.

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ANNEXURE - VII
CERTIFICATE IN CASE OF CANDIDATE APPLIED AGAINST CHAR AREA QUOTA

This is to certify that Shri / Smti.son/daughter
of of Village
P.O. under P.S.of District
belongs to a Socially, Economically and Educationally Backward family ordinarily residing at
..... which is covered by the Assam State Char Area Development
Authority. The name of the father / mother of Shri / Smti.
..... is in the voter list prepared by the appropriate authority
..... L.A.C. and in the village..... at Serial No.
..... of the voter list published in the year

.....
Signature
Designation
(Assam State Char Area Development Authority)
(Office Seal)

.....
Signature of DC / SDO (C) of
Concerned District / Sub-Division
(Office Seal)

INSTRUCTION :- Certificate without signature of both the Authorities / Officers shall not be accepted.

SCHEDULE - I
ANNEXURE - VIII
(Certificate for reservation of son / daughter of Ex-servicemen
/ Serving Defence Personnel hailing from Assam)

This is to certify that Sri father
of Shri/ Smti under
P.O. P.S.sub-division in
the district ofhas served / is serving under the Indian Army / Navy / Airforce in
the rank of

Counter Signature of
Director of , Sainik welfare, Assam

Signature of Competent
Authority

Seal with Date.....

Seal with Date.....

NSTRUCTION:- Certificate without signature of both the Authorities / Officers shall not be accepted.
Competent Authority in case of Ex-Servicemen is the Director, Sainik Welfare, Assam and Competent
Authority in case of Serving Defence personnel is the commanding officer of the concerned unit of
Army / Navy / Airforce.

SCHEDULE - I
ANNEXURE - IX
CERTIFICATE OF SON / DAUGHTER / BROTHER / SISTER OF PERSON KILLED
IN EXTREMIST VIOLENCE OF ASSAM
(strike off which is not applicable)

Name of Candidate :
Name of Father :
Name of Mother :
Residential Address : Village:
PO.....
PS.....
Sub-Division.....
District.....
PIN.....

Certified that the above named candidate/person is the Son/ Daughter /Brother/ Sister (strike off which is not applicable) of Late (Name of the person killed in extremist violence) who was killed in extremist violence in the year at..... under PS..... Sub-Division.....in the district of..... on (Date).....

Signature of Police Officer
Case No.....
under P.S.

Signature of DC / SDO (C) of Concerned
District / Sub-Division

Seal with Date:.....

Seal with Date:.....

INSTRUCTION :- Certificate without signature of both the Authorities / Officers shall not be accepted.

SCHEDULE - I
ANNEXURE - X
CERTIFICATE OF SON / DAUGHTER / BROTHER / SISTER OF MARTYRS
OF ASSAM MOVEMENT

Name of Candidate :
Name of Father :
Name of Mother :
Residential Address : Village:
PO.....
PS.....
Sub-Division.....
District.....
PIN.....

Certified that the above named candidate/person is the Son/ Daughter /Brother/ Sister (strike off which is not applicable) of Late (Name of the Martyr of Assam Movement) who died in the year at..... under PS..... Sub-Division.....in the district of..... on (Date).....

Signature of Police Officer
Case No.....
under P.S.

Signature of DC / SDO (C) of Concerned
District / Sub-Division

Seal with Date:.....

Seal with Date:.....

INSTRUCTION :- Certificate without signature of both the Authorities / Officers shall not be accepted.