

# ಗ್ರಾಮ - ವಾರ್ಜ್ದ ಸವಿವಾಲಯಮು



### **ANNEXURE - B**

APPLICATION FORM FOR CERTIFICATE OF ELIGIBILITY FOR RESERVATION OF JOBS FOR THE OTHER BACKWARD CLASSES IN CIVIL POSTS AND SERVICES UNDER CENTRAL GOVT. OF INDIA

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	Ι.	

I.

I	request	you a	CERTI	FICATE	in	respect	of	Reservation	for	BACKWA	<b>R</b> D
CLASS]	ES in civ	il POS	TS & SE	<b>RVICES</b>	unc	der Gove	rnn	nent of India	be gi	ranted to me	e.

LASS	ES in civil POSTS & SI	ERVICES under Go	vernment	of India be gr	anted to me.
(	Given below of the neces	ssary particulars			
1. F	Full name of the Applica	int			
(I	n BLOCK LETTERS)		:		
2.	Gender		:		
3.	Date of Birth		:		
4.	Complete Resident A	ddress	:		
	a) PERMANENT				
	D. No:	Locality:		Village:	
	Mandal:	District:	I	Pin code:	
	b) PRESENT (Pos	tal Address)			
	D. No:	Locality:		Village:	
	Mandal:	District:	F	Pin code:	
5.	Religion		:		
6.	Caste		:		
7.	Sub-Caste		:		
8.	Issued Caste Certifica	:	YES/NO		
9.				YES/NO	
10.	Occupation Group		:		
11.	SERIAL NUMBER o	of the Caste in the			
	CENTRAL LIST OF	OBCs	:		
12.	Name of the Father		:		
13.	Name of the Mother		:		
14.	Name of the Husband	d	:		
15.	Status of the Parents(	:	Father/	Mother/	
			H	Husband	wife
	a) Constitutional Posts		:		
	b) Designation		•		
	c) I) Services: CENT	TRAL / STATE	:		
	ii) Designation		•		
	iii) Scale of Pay, in	ncluding	•		
	Clarification if	any	•		
	iv) Date of Appoi	ntment of Post	•		
	v) Age of the time	of Promotion	:		
	To Class I post	(if applicable)	:		
EMPl	LOYMENT IN INTERNA	ATIONAL ORGANII	DATION E.	.G., U.N., UNI	CEF, WHO
i					

### II.

ii) Designation

TO iii) Period of Service **FROM** 

(Indicate Date)

### III. A. DEATH / PERMENT INCAPACITION (OMIT IF NOT APPLICABLE)

i. Date of death / Permanent :
 Incapacitation putting an Officer
 Out of Service :
 Details of permanent incapacitation :

B. EMPLOYMENT IN PUBLIC SECTOR UNDERTAKING ETC.,

i. Name of the Organization :ii. Designation :iii. Date of appointment to the Post :

C. ARMED FORCES INCLUDING PARA MILITARY FORCES (THIS WILL NOT INCLUDE PERSONS HOLDING CIVIL POSTS)

i. Designation :ii. Scale of Pay :

D. PROFESSIONAL CLASS (OTHER THAN THOSE COVERED IN THE ITEM NOS. B&C AND THOSE ENGAGED IN TRADE, BUSINESS AND INDUSTRY)

i. Occupation / Profession :

- E. PROPERTY OWNERS:
  - I. Agricultural land holding owned by mother / father and minor Children

i. Location :

- ii. Size of holding :
- iii. a) IRRIGATED (TYPE OF IRRIGATION LAND)

i) ii) iii)

- b) UNIRRIGATED
- iv) Percentage of Irrigated Land Holding to statutory ceiling Limit under State Land Ceiling Land

v) If land holding is both irrigated / unirrigated total irrigated land Holding on the basis of conversion Formula in State Land Ceiling:

vi) Percentage of total irrigated
Land holding to statutory ceiling
Limit as per (vi) :

## TO BE CERTIFIED DISTRCT REVENUE OFFICER NOT LOWER THAN MANDAL REVENUE OFFCIER / TAHSILDAR

#### II. PLANTATION

i. Crops / Fruitsii. Locationiii. Area of Plantation

## F. III. VACANT LAND AND / OR BUILDING IN URBAN AREA OF URBAN AGGLEMERATION

i. Location of Propertyii. Details of Propertyiii. Use to which it is put

#### G. INCOME / WEALTH

i. Annual Income from all Source (Family Income) (Excluding Salaries and Income from Agrl. Land)

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ii. Whether Tax Paid : YES / NO

iii. Whether covered in Wealth

Tax Act. (Yes / No)

(If so furnish details) :

16. Family members consisting : 17. Purpose of Caste Certificate : 18. Ration Card Number : 19. Aadhar Number :

20. Any other Information :

21. I certify that the above said particulars are true to the best of my knowledge and belief and that I do not belongs to CREAMY LAYER of OBCs and eligible to be considered for posts reserved for OBCs. In the event of any information being found false or incorrect of ineligibility being detected before off after the selection. I understand that my candidature appointment is liable to be cancelled and I shall be liable to such further action as may be provided under law /or rules.

Yours faithfully,

Place: Signature of the Candidate

Dated:

### Procedure (following to be enclosed)

1) Application \*

2) Ration Card/Aadhar Card/EPIC Card #

3) Applicant Father/Mother property particulars #

4) Applicant Father/Mother Employment

Particulars/Income Tax returns (for professionals) \*

(\*-mandatory #-any one of them)

**Contact Details** 

Land Line Number: Mobile Number: E- Mail ID: