

School Roll Number (by school only): _____

SAINIK SCHOOL
CHECKLIST AND UNDERTAKING BY PARENT/ GUARDIAN

Name: _____

AISSEE 2024 Application Number: _____

State Category [Home State (HS) /Other State (OS)] _____

Domicile State _____

Admission Category (Gen/ SC/ST/OBC-NCL/Defence) _____

Actual Category (Gen/ SC/ST/OBC-NCL) _____

Whether Paramilitary ward: (Yes/No) _____ (Assam Rifle/Coast Guard)



Ser	Detail of Documents	Yes	No	Not Applicable
1.	Checklist and undertaking duly signed by Parents and Candidates			
2.	Provisional Admission Letter from AISSAC 2024			
3.	Admit Card of AISSEE 2024			
4.	Score Card of AISSEE 2024			
5.	Govt Issued Photo ID Proof of Student, Father and mother/ Guardian containing Address Proof			
6.	Medical Fitness Report			
7.	Proof of date of birth- Copy of the Birth Certificate issued by the competent Government Authority concerned. Date of Birth proof issued by concerned Record Office (in case of Defence Personnel)			
8.	Study certificate duly signed by Principal/Headmaster of Class V / Class IX school			
9.	Certificate of category (SC/ST/OBC-NCL), if applicable, as per the Government of India format			
10.	Domicile/Residence Certificate issued by competent authority (Original)			
11.	Certificate of service (for Defence category-serving) and e-PPO/PPO for Ex-servicemen, if applicable			
12.	Income Certificate issued by the competent authority. (Note: The Income Certificate must be issued as per the enclosed format by the Revenue Officer, not below the rank of Tehsildar from the area of residence of the candidate. The Income Certificate must include Income from all sources of the family for the Financial Year 2022-24 and must have been issued on or after 01 April 2024. The Affidavit/IT Return submitted by the parents will not be considered.)			
13.	Photographs: - (a) Passport size of the Boy/Girl –05 Nos (b) Family photograph [Parents along with children] (Post card size) – 2			
14.	Adoption Deed (in case of Adopted Child), if applicable			

UNDERTAKING BY THE PARENT AND CANDIDATE

We hereby submit the Undertaking that my admission is provisional subject to the successful completion of document verification at the time of physical reporting in the school. In case, I fail to submit the required documents by the stipulated date or found ineligible or information/documents/certificates provided are found incorrect at any stage, then the school reserves the right to cancel my provisional admission automatically. In such event, I shall be fully responsible for all consequences arising out of such cancellation of admission. Sainik School _____ shall not be held responsible in any case.

Signature of Candidate with date

Signature of Parents with date



सैनिक स्कूल सोसाइटी
SAINIK SCHOOLS SOCIETY

Self-attested
Photograph of
the candidate is
to be securely
pasted here.

SAINIK SCHOOL _____

MEDICAL EXAMINATION REPORT

PERSONAL STATEMENTS

1. Name of the candidate in Full (**IN BLOCK LETTERS**): _____

2. Name of the Father/Mother /Guardian (**IN BLOCK LETTERS**): _____

3. Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

4. Age: _____ years _____ months _____ days

5. Gender (Male/Female): _____

6. Blood Group of candidate: _____

7. Identification Marks:

(a) _____

(b) _____

8. Permanent Address: _____

9. Allotted date of Medical Examination (as per AISSAC-2024 portal):

DD	MM	YYYY
----	----	------

10. Allotted Place of Medical Examination (as per AISSAC-2024 portal): _____

11. Family Details:

Name	Relation	If, Alive		If, Expired	
		Age (Years)	Health	Cause of Death	Year of Death
	Father				
	Mother				
	Grandfather				
	Grandmother				
	Brother/Sister				
	Brother/Sister				
	Brother/Sister				

14. Have you ever suffered from any of the following?

Illness	Yes or No	If yes, at what age?	Illness	Yes or No	If yes, at what age?
Chronic Bronchitis/Asthma			Discharge from ears		
Pleurisy/Tuberculosis			Any other Ear Disease		
Rheumatism/Frequent sore throats			Frequent Cough & cold/Sinusitis		
Chronic Indigestion			Nervous Breakdown/Mental illness		
Kidney/Bladder trouble			Fits/Fainting Attacks		
STD			Severe Head Injury		
Jaundice			(For Female candidates only)		
Air, Sea, Car, Train Sickness			Breast Disease / Discharge		
Trachoma			Amenorrhea / Dysmenorrhea		
Night Blindness			Menorrhagia		
Laser Treatment/surgery for Eye			Pregnancy		
Any other Eye disease			Abortion		

15. Have you ever been admitted for any illness, operation or injury? If so, state the nature of disease and duration of stay in hospital.

S No	Nature of Disease (in brief)	Duration of Stay in Hospital

16. Any other information you want to give about your health.....

17. **Details of Vaccinations (attach vaccination card for reference): -**

Recommended Age	Vaccine	Dose	Yes/No	If Yes, Date of Vaccination
Birth	BCG	Single Dose		
	OPV	Zero Dose		
	Hep B	Birth Dose		
6 Weeks	(DTaP + Hib + IPV) + Hep B or (DTwP + Hib + Hep B) + OPV	1 st Dose		
	PCV (Pneumococcal Conjugate)	1 st Dose		
10 Weeks	(DTaP + Hib + IPV) + Hep B or (DTwP + Hib + Hep B) + OPV	2 nd Dose		
	PCV (Pneumococcal Conjugate)	2 nd Dose		
	Rotavirus (Rotarix)	2 nd Dose		
14 Weeks	(DTaP + Hib + IPV) + Hep B or (DTwP + Hib + Hep B) + OPV	3 rd Dose		
	PCV (Pneumococcal Conjugate)	3 rd Dose		
9 Months	Measles, OPV, JE-1, Vitamin A	1 st Dose		
12 Months	Hepatitis A	1 st Dose		
15 Months	MMR (Measles + Mumps + Rubella)	1 st Dose		
	Varicella (Chicken Pox)	1 st Booster		
	PCV (Pneumococcal Conjugate)	1 st Booster		
16-18 Months	DTaP + Hib + IVP or (DTwP + Hib) + OPV	1 st Booster		
	JE – 2	2 nd Dose		
	Vitamin A (2 nd to 9 th Dose, every 6 months up to the age of 5 years)	2 nd Dose		
18 Months	Hepatitis A	2 nd		
2 Years	Typhoid	1 st		
4 ½ -5 Years	Dtap / DTwP / OPV	2 nd Booster		
	MMR	2 nd Booster		
	Varicella	2 nd Booster		
	Typhoid	2 nd Booster		
10-12 Years	Tda / Td	3 Doses		
	HPV (0, 1 & 6) for girls	3 Doses		
Any Other Vaccination given, not mentioned above				

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18. **Declaration.** I here by declare that I have provided all details to the best of my knowledge about my family and personal health and that the information given is true to the best of my knowledge. If any of the information provided is found to be wrong, the candidature of my ward will be forfeited at any stage even after admission in Sainik School_____.

Signature of Candidate:.....

Name of Candidate:

AISSEE-2024 Application No:

Signature of Father/Mother/Guardian:

Name of Father/Mother/Guardian:

Date:.....

MEDICAL EXAMINATION FORM

1. MEDICINE

(a) Height without shoes _____ CMs		(b) Weight (actual) _____ Kg		
(c) Urine Examination	Appearance	Albumin	Sugar	Sp. Gravity
(d) Blood Examination	(i) Hb gm%	(ii) Any other investigation carried out		
(e) Physique				
(f) Skin				
(g) Abdomen (Liver & Spleen)				
(h) Cardiovascular System (Heart Size, Sounds, Rhythm, Arterial Walls, Pulse Rate and BP)				
(i) Respiratory System (including X-ray examination when applicable)			Chest measurements	
			Full Expiration - _____ Cms	
			Range of expansion _____ Cms	
(j) Central Nervous System			Self-Balancing	
			R	
			L	
(k) Speech, Mental capacity & Emotional stability				
(l) Endocrine conditions				
(m) Any other abnormalities or conditions affecting physical capacity not already noted				

Note :- As per Sainik Schools Society Rules and Regulations 1997, no standards of height, weight and chest measurement will be applicable at the time of admission for Sainik Schools

It is certified that:-		
S No	Test	Remarks of Medical Specialist
1.	There is no evidence of weak constitution imperfect development, serious malformation, or obesity	_____
2.	There is no malformation of the head, deformity from fracture or depression of the boned of the skull	_____
3.	There is no sign of functional or organic disease of the heart and blood vessels.	_____
4.	There is no evidence of pulmonary tuberculosis or previous history of this disease or any other chronic disease of the lungs	_____
5.	There is no fistula and/or fissure of the anus of evidence of hemorrhoids	_____
6.	There is no disease of the kidneys. All cases of Glycosuria and Albuminuria will be rejected	_____
7.	There is no disease of the skin unless temporary or trivial. Scars which by their extent or position cause or are likely to cause disability or marked disfigurement are a cause for rejection.	_____
8.	There is no active latent or congenital venereal disease.	_____
9.	There is no history or evidence of mental disease of the candidate or his family. Candidates suffering from epilepsy, incontinence of urine or enuresis will not be accepted.	_____
10.	There is no impediment of speech	_____
Remarks		
Date		Signature of Medical Specialist

2. SURGERY: -

(a) Upper Limbs (Fingers, hand wrists, elbows, shoulder girdles, cervical and dorsal vertebrae)
(b) Lower Limbs (Hallux valgus rigidus, flat feet, joints, pelvis) & Gait
(c) Lumbar and sacral vertebrae, coccyx and varicose veins
(d) Genito-urinary and perineum (Hydrocele, varicocele, undescended testes and haemorrhoids)
(e) Hernia & Muscle
(f) Breast

It is certified that :-		
S No	Test	Remarks of Surgery Specialist
1.	<p>Flat Feet: - The candidate is passing the Flat Feet test as per the examination mentioned below:-</p> <p>(a) <u>Method of examination.</u></p> <p>(i) The candidate will be examined bare footed standing erect and the presence or absence of normal arch of the feet should be noted.</p> <p>(ii) Candidate should be asked to stand on toes with the feet and heels kept separated and the restoration or otherwise of the arch noted.</p> <p>(iii) Candidate should be made to skip on forefoot and the suppleness and springiness of the feet observed. Tarsal joints will be examined for suppleness or movements.</p> <p>(b) <u>Acceptable for admission.</u></p> <p>(i) Milder degrees of flat foot where the arches of the feet are restored on standing on toes, with supple and painless feet should not be a bar to acceptance.</p> <p>(ii) Degrees of flat foot where the arch does not re-appear on standing on toes and where the feet are rigid should be a permanent cause for rejection.</p>	

<p>2.</p>	<p>Knock Knee. The candidate is passing the Knock Knee test as per the examination mentioned below: -</p> <p>(a) <u>Method of Examination.</u></p> <p>(i) The candidates will be examined standing erect.</p> <p>(ii) The knee joints will be kept fully extended with feet parallel and the patella facing directly forward.</p> <p>(iii) The distance between the medial malleoli will be measured with medical femoral condyles touching each other.</p> <p>(iv) Any associated deformity of the feet or hipogonure curvatum will be looked for at the same time.</p> <p>(b)</p> <p>(i) Milder degree of knock knee when the distance between the malleoli is not more than two inches will not be a bar to acceptance provided there is no other associated disability. This will be considered as a minor disability and recorded as such. The candidates should be able to stand to attention with shoes or boots without flexing over lapping of either knee.</p> <p>(ii) Marked degrees of knock knee with the distance between the malleoli more than two inches will be unfit for acceptance.</p> <p>(iii) If a candidate is able to stand to attention without flexion of knees irrespective of any intermalleolar measurements, such candidates can safely be declared as fit.</p>	<hr/>
<p>3.</p>	<p>There is normal development or impairment of function of the bones or joints: X ray spline will be taken to find out mal development.</p>	<hr/>
<p>4.</p>	<p>There is no enlarged gland due to tubercular or due to other disease in the neck and other parts of the body and that the thyroid glands are normal.</p>	<hr/>
<p>Note: Scars of operation are not cause of rejection provided that there has been no active disease within THE PRECEDING FIVE YEARS AND THE CHEST IS CLINICALLY AND RADIOLOGICALLY CELAR.</p>		
<p>5.</p>	<p>There is no evidence of any disease of the digestive system including any abnormality of the liver and spleen and the reisnoabdominal tenderness or palpation.</p>	<hr/>

6.	Inguinalhernia (unoperated) ortendencythereto will be a cause for rejection	_____
Note: In the case of candidates who have been operated for hernia, they may be declared fit provided.		
	(i) One year has elapsed since the operation (Documentary proof is to be furnished by the candidate)	_____
	(ii) general tone of the abdominal musculature is good; and	_____
	(iii)there has been no recurrence of the hernia or complication connected with the operation	_____
7.	There is no hydrocele or definite varicocele or any other disease or defect of the genital organs.	_____
Note:		
	(i) A Candidate who has been operated for a hydrocele will be accepted if there are no abnormalities of the cord and testicle and there is no evidence of filariasis:	
	(ii) Undescended intra-abdominal testicle on the one side should not be a bar to acceptance or candidates of admission to Sainik School provided the other testicle is normal and there is no untoward physical orpsychological effect due to the anomaly. Undescended testis retained in the inguinal canal or at the external abdominal rind however may be a bar to acceptance unless corrected by operation	
8.	There is no fistula and / or fissure of the anus of evidence of hemorrhoids.	_____
Remarks		
Date	Signature of Surgery Specialist	

3. EYE:-

(a) Distant Vision	R	L	(b) Near Vision	R	L	(c) CP
Without Glasses			Without Glasses			
With Glasses			With Glasses			
(c) Any evidence of Trachoma/its complications or any other disease.						
(d) Binocular Vision & Grade						
SPECIAL EXAMINATION WHEN APPLICABLE						
Manifest Hypermetropia, Myopia R& L			Cover Test			
Diaphragm Test (PD Moddcox Wing Test)			Fundi & Media			
Fields			Night Visual Capacity			
C	Convergence	Cms	R	}	Accommodation	
SC		Cms	L			

It is certified that: -		
S No	Test	Remarks of Eye Specialist
1.	<p>Candidate is having the eyes Standards as mentioned below for Sainik Schools:</p> <p>Standard –I 6/6 & 6/6 Standard –II Uncorrected VA 6/18 & 6/18 BCVA. 6/6 & 6/6 Myopia ≤ -1.25 D Sph, including max astigmatism ≤ +/- 0.5 D Cyl Hypermetropia ≤ +1.25 D Suh, including max astigmatism ≤ +/- 0.5 D Cyl LASIK & equivalent not permitted. Colour vision - CP II</p>	_____
2.	There is no squint or morbid condition of the eye of the lids which is liable to a risk of aggravation or recurrence;and	_____
3.	There is no active trachoma or its complication and sequela.	_____
Remarks		
Date: _____ Signature of Eye Specialist _____		

4. EAR, NOSE & THROAT:

(a) Ear			
(i) Hearing	R	L	Both
FW	Cms	Cms	Cms
CV			
(ii) External Ear (wax)	R	L	
(iii) Middle ear (Tympanic Membrane & Eustachian Tube)			
(iv) Inner Ear (Cochlea & Vestibular Apparatus)			
(v) Audiometry Record (Special exam when applicable)			
(b) Nose			
(c) Throat			

It is certified that: -		
S No	Test	Remarks of ENT Specialist
1.	<p>The candidate passing the hearing test mentioned below:-</p> <p>Hearing will be tested by speech-test. Where required audiometric records will also be taken.</p> <p>Speechttest. The candidate should be able to hear forced whisper with each ear separately standing with his back to the examiner at a distance of 610cms, in a reasonable quiet room. The examiner should whisper with the residual air, at the end of an ordinary expiration.</p> <p>Audiometric Records. The Candidate will have no loss of hearing in either ear at frequency 128 to 4096 cycles per second (Audiometry reading between +10 and -10).</p>	
2.	<p>There is no impaired hearing, discharge from or disease in either ear, unhealed perforation of the tympanic membranes or signs of acute or chronic suppurative otitis-media or evidence of radical or modified radical mastoid operation</p>	
<p>Note: A soundly healed perforation without any impairment of the mobility of the Drum and without impairment of hearing should not be a bar to acceptance.</p>		
3.	<p>There is no disease of the bones or cartilages of the nose or nasal polypus or disease of the nasopharynx and accessory sinuses.</p>	

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4.	There is no enlarged gland due to tubercular or due to other disease in the neck and other parts of the body and that the thyroid glands are normal.	
Note: Scars of operation are not cause of rejection provided that there has been no active disease within THE PRECEDING FIVE YEARS AND THE CHEST IS CLINICALLY AND RADIOLOGICALLY CELAR.		
5.	There is no disease of the throat palate, tonsils or gums or any disease or injury affecting the normal function of either mandibular joint.	
Note: Simple hypertrophy of the tonsils, if there is no history of attacks of tonsillitis is not a cause for rejection.		
Remarks		
Date: Signature of ENT Specialist		

5. DENTAL

(a) Total No of Teeth	Missing / Unsavaeable Teeth	
(b) Total Defective Teeth	U. R. 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 U.L
(c) Total Dental Points	L. R. 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 L.L
(d) Condition of Gums	Missing teeth to be indicated by Horizontal line (__) and Un savaeable Teeth by a Cross (X) through the appropriate number	

It is certified that: -

S No	Test	Remarks of Dental Surgeon
1.	<p>Dental condition of the candidate is as per the standard mentioned below: -</p> <p>Dental Conditions. It should be ensured that a sufficient number of natural and sound teeth are present for efficient mastication.</p> <p>(a) A Candidate must have minimum of 14 dental points to be accepted as fit. In order to assess the dental condition of an individual, points are allotted as under for teeth in good apposition with corresponding teeth in the other jaw.</p> <p>(i) Central incisor, lateral incisor, canine, 1stand 2nd premolars and under developed third molar 1 point each.</p> <p>(ii) 1st and 2nd molar and fully developed third molar 2 points each. When all 32 teeth are present there will be a total count 22 points.</p> <p>(b) The following teeth in good functional apposition must be present in each jaw:</p> <p>(i) Any four of the six anterior</p> <p>(ii) Any six of the ten posteriors</p> <p>(c) Candidates suffering from severe pyorrhea will be rejected. Where the state of pyorrhea is such that if the opinion of the Dental Officer is that it can be cured without extraction of teeth, the candidates may be accepted.</p>	

Remarks

Date: _____ Signature of Dental Surgeon _____

6. GYNAECOLOGY (For female candidates)

(a) Mensural History	(b) LMP
(c) No of Pregnancies	(d) No of Abortions
(e) No of Children	(f) Date of last conception
(g) Vaginal Discharge	(h) Prolapse
(h) USG Abdomen	

Remarks

Date:

Signature of Gynecologist

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REMARKS OF MEDICAL BOARD

It is certified that _____(Name of Candidate)
son of/ daughter of _____(Name of
Father/Mother/Guardian) has been examined by a Medical Board of above mentioned Doctors as per the medical
standards laid down in this proforma and he/she is found **FIT / UNFIT** _____ for admission to **Sainik**
School _____ as a cadet.

If candidate is found **UNFIT**, reason/s for same.....
.....
.....

Place:

Date (SEAL) CMO/Civil Surgeon

NOTED BY CANDIDATE AND PARENTS / GUARDIAN

Name of Candidate		Signature of Candidate	
Name of Father/Mother /Guardian		Signature of Father/Mother/ Guardian	
Date		Date	

STUDY CERTIFICATE (FOR CLASS VI)

Certified that the information given below are correct in respect of _____
 (Name of Student) who is studying in Class V in _____
 (Name of School) and provisionally selected for Sainik School _____
Name of Candidate(IN BLOCK LETTERS) _____
Father's Name(IN BLOCK LETTERS) _____
Mother's Name (IN BLOCK LETTERS) _____
Name of the Guardian and relationship, if any. _____

*Affix
Passport
size photo of
the
candidate*

Gender
Please put (√) mark

Boy	Girl
<input type="checkbox"/>	<input type="checkbox"/>

Date of Birth
(As per school records)

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Category
Please put(√)mark

Gen.	OBC	SC	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aadhaar Number of the candidate: -

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address: _____ **Mobile No:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 _____ **E-mail ID** _____

Identification mark of Candidate _____

Annual Income of Parents _____ **Nationality** _____ **Religion** _____

Particulars	Class-III	Class-IV	Class-V
Name of the School (studied-III & IV and Studying V) and place			
School Location: Rural/Urban			
Month and Year of Joining			
Month & year of Passing			
Name of the Tehsil /Block			
Name of the District			
Name of the State			

I certify that the school(s) in which my ward studied/studying is a recognized school and fulfills all the eligibility criteria as per requirements of Sainik Schools. I certify that the above information is correct and submitted voluntarily. If any of the information provided is found to be wrong, the candidature of my ward will be forfeited at any stage even after admission in Sainik School _____. I also submit that no change in aforesaid data shall be requested by me in future and the data submitted shall be treated as final.

Signature of the candidate with date	Signature of the Parent with date

The above details of candidate are verified from school records and found correct.

Place:
Date:

Signature of Principal/ Headmaster with Seal

STUDY CERTIFICATE (FOR CLASS IX)

Certified that the information given below are correct in respect of _____
 (Name of Student) who is studying in Class VIII in _____
 (Name of School) and provisionally selected for Sainik School _____
Name of Candidate(IN BLOCK LETTERS) _____
Father's Name(IN BLOCK LETTERS) _____
Mother's Name (IN BLOCK LETTERS) _____
Name of the Guardian and relationship, if any. _____

*Affix
 Passport
 size photo of
 the
 candidate*

Gender
 Please put (√) mark

Boy	Girl

Date of Birth
 (As per school records)

D	D	M	M	Y	Y	Y	Y

Category
 Please put(√)mark

Gen.	OBC	SC	ST

Aadhaar Number of the candidate: -

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: _____ **Mobile No:** _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail ID _____

Identification mark of Candidate _____

Annual Income of Parents _____ **Nationality** _____ **Religion** _____

Particulars	Class-VI	Class-VII	Class-VIII
Name of the School (studied-VI & VII and Studying VIII) and place			
School Location: Rural/Urban			
Month and Year of Joining			
Month & year of Passing			
Name of the Tehsil /Block			
Name of the District			
Name of the State			

I certify that the school(s) in which my ward studied/studying is a recognized school and fulfills all the eligibility criteria as per requirements of Sainik Schools. I certify that the above information is correct and submitted voluntarily. If any of the information provided is found to be wrong, the candidature of my ward will be forfeited at any stage even after admission in Sainik School _____. I also submit that no change in aforesaid data shall be requested by me in future and the data submitted shall be treated as final.

Signature of the candidate with date	Signature of the Parent with date

The above details of candidate are verified from school records and found correct.

Place:
Date:

Signature of Principal/ Headmaster with Seal

FORM-OBC-NCL
OBC-NCL CERTIFICATE FORMAT

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
(NCL)* APPLYING FOR ADMISSION TO SAINIK SCHOOLS

This _____ is _____ to _____ certify _____ that
Shri/Smt./Kum** _____
Son/Daughter** _____ of _____ Shri/Smt.**
_____ of _____ Village/Town**
_____ District/Division** _____ in
the State/Union Territory _____ belongs to
the _____ community that is
recognized as a backward class under Government of India***, Ministry of Social
Justice and Empowerment's Resolution No.
dated **** _____

Shri/Smt./Kum. _____ and/or
_____ his/her family ordinarily reside(s) in the
_____ District/Division of the
_____ State/Union Territory. This is also to
certify that **he/she does NOT belong to the persons/sections (Creamy Layer)**
mentioned in Column 3 of the Schedule to the Government of India, Department of
Personnel & Training O.M.No.36012/22/93-Estt.(SCT) dated 08/09/93 which is
modified vide OMNo.36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified vide
OMNo. 36033/3/2004-Estt.(Res.) dated 14/10/2008, again further modified vide
OMNo.36036/2/2013-Estt(Res) dtd. 30/05/2014, and again further modified vide
OMNo. 36033/1/2013-Estt (Res) dtd.13/09/2017.

**District Magistrate /Deputy Commissioner/
Any other Competent Authority**

Dated: _____

Seal

*Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.

**Please delete the word(s) which are not applicable.

***As listed in the Annexure (for FORM-OBC-NCL)

****The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

(a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

(b) The authorities competent to issue Caste Certificates are indicated below:

(i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.

(iii) Revenue Officer not below the rank of Tehsildar' and

(iv) Sub-Divisional Officer of the area where the candidate and/ or his family resides.

(v) Certificate issued by any other authority will be rejected.

ANNEXURE FOR FORM-OBC-NCL

Ser	Resolution No.	Date of Notification
1.	No.12011/68/93-BCC(C)	13.09.1993
2.	No.12011/9/94-BCC	19.10.1994
3.	No.12011/7/95-BCC	24.05.1995
4.	No.12011/96/94-BCC	09.03.1996
5.	No.12011/44/96-BCC	11.12.1996
6.	No.12011/13/97-BCC	03.12.1997
7.	No.12011/99/94-BCC	11.12.1997
8.	No.12011/68/98-BCC	27.10.1999
9.	No.12011/88/98-BCC	06.12.1999
10.	No.12011/36/99-BCC	04.04.2000
11.	No.12011/44/99-BCC	21.09.2000
12.	No.12015/9/2000-BCC	06.09.2001
13.	No.12011/1/2001-BCC	19.06.2003
14.	No.12011/4/2002-BCC	13.01.2004
15.	No.12011/9/2004-BCC	16.01.2006
16.	No.12011/14/2004-BCC	12.03.2007
17.	No.12011/16/2007-BCC	12.10.2007
18.	No.12019/6/2005-BCC	30.07.2010
19.	No.12015/2/2007-BCC	18.08.2010
20.	No.12015/15/2008-BCC	16.06.2011
21.	No.12015/13/2010-BC-II	08.12.2011
22.	No.12015/5/2011-BC-II	17.02.2014
23.	No.12011/04/2014-BC-II	14.01.2015
24.	No.12011/7/2014-BC-II	23.01.2015
25.	No.12011/1/2015-BC-II	27.05.2015
26.	No.12015/05/2011-BC-II	14.07.2015
27.	No.12011/06/2014-BC-II	09.09.2015
28.	No.12011/13/2016-BC-II	25.05.2016
29.	No.12011/14/2016-BC-II	13.06.2016
30.	No.12011/15/2016-BC-II	30.06.2016
31.	No.12011/4/2014-BC-II	11.08.2016
32.	No.12011/6/2014-BC-II	06.12.2016
33.	No.12011/13/2016-BC-II	22.12.2016
34.	No.20012/1/2017-BC-II	18.01.2017
35.	No.12011/7/2017-BC-II	28.07.2017
36.	No.36033/1/2013-Estt.(Res.)	13.09.2017
37.	No.36033/2/2018-Estt.(Res.)	08.06.2018

FORM-SC-ST
PRESCRIBED PROFORMAE

Performa-I

**THE FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES AND
SCHEDULED TRIBES CANDIDATES APPLYING FOR ADMISSION TO SAINIK SCHOOLS**

This is to certify that
Shri/Shrimati/Kumari* son/daughter* of
..... of village/town* in
District/Division* of the State/Union Territory*
..... belongs to the caste/tribe *which is recognised as a Scheduled
Caste/Scheduled Tribe* under:—

- @ The Constitution (Scheduled Castes) Order, 1950
- @TheConstitution (ScheduledTribes) Order,1950
- @ The Constitution (Scheduled Castes) Union Territories Order, 1951
- @TheConstitution(ScheduledTribes)UnionTerritoriesOrder,1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956;the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act,1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962 @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962 @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @The Constitution (UttarPradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968 @ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968 @ The Constitution (Nagaland) Scheduled Tribes Order, 1970
- @ The Constitution (Sikkim) Scheduled Castes Order, 1978
- @The Constitution(Sikkim)ScheduledTribesOrder,1978
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989 @ The Constitution (SC) Order (Amendment) Act, 1990
- @TheConstitution(ST)Order(Amendment)Act,1991
- @TheConstitution(ST)Order(SecondAmendment)Act,1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002 @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @TheConstitution(ScheduledCastesandScheduledTribes)Orders(Amendment)Act,2002
- @TheConstitution(ScheduledCastes)Orders(SecondAmendment)Act,2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati*.....Father/Mother of Shri/Shrimati/Kumari.....of village/town* in District/Division*..... of the State / Union Territory*.....who belongs to the caste/tribe *which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory*of.....issued by the dated

%3. Shri/Shrimati/Kumari*..... and/or* his/her* family Ordinarily resides in village/town*of District/Division* Of the State/Union Territory*of.....

Signature.....

**Designation.....

State/Union Territory*

(With Seal of Office)

Place:.....

Date:.....

*Please delete the words which are not applicable.

@Please quote specific Presidential Order.

%Delete the paragraph which is not applicable.

NOTE: The term "ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**List of authorities empowered to issue Scheduled Caste/ Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
†(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides. Administrator/ Secretary to Administrator /Development Officer (Lakshadweep)

FORMAT OF THE SERVING CERTIFICATE
(FOR SERVING DEFENCE CATEGORY PERSONNEL)

This is to certify that No.....Rank.....

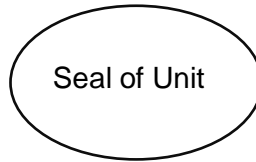
Name.....

Father/Mother of.....is currently in
service in the..... (Indian Army/Indian

Navy/Indian Air Force) and his /her address of residence is as mentioned below:

Place:

Date:



Signature of the
Competent Authority
with Appointment stamp

Note- Ex-servicemen are required to submit relevant proof from the Pension Payment Order or PPO

FORMAT FOR INCOME CERTIFICATE

File No: _____

Date: _____

1. Name of candidate :
2. Father's / Mother's Name :
3. Occupation of Father / Mother :
4. Domicile State :
5. Residential Address :
6. Annual Family Income : Rs. _____
(Financial Year 2022-23) : (in _____
words _____)
7. Date of issue :

This Income Certificate has been issued on the report of the Patwari of the area of candidate's residence.

**Round stamp of officer of
Authority Tehsildar/Issuing Authority**

**Signature of Tehsildar/Issuing
With date stamp**

Note- The Income Certificate must be issued by the Revenue Officer not below the rank of Tehsildar from area of residence of the candidate. The Income Certificate must include Income from all sources of the family for the Financial Year 2022-23 and must have been issued on or after April 01, 2023.

