Instruction Manual for PG Admission Process 2026-2027

सत्यमेव जयते

Government Medical College & Hospital, Dharashiv

शासकिय वैद्यकिय महाविद्यालय व रुग्णालय, धाराशिव

New Building, Marwad Gallli, Civil

Hospital Compound MAHARASHTRA.

WELCOME

Contact Details for Query : (Between 11.00 to 4.30 PM ONLY)

1. For any query, please call during 11:00 AM to 4:30 PM
   Landline Number: 02472-227005
2. Official Email ID: deangmcosmanabad@gmail.com
3. Official Website:www.gmcdharashiv.org





POST GRADUATE- ADMISSIONS PROCESS

GOVT MEDICAL COLLEGE,OSMANABAD (DHARASHIV)

(All India Quota/ State Quota/ In Service Quota)

All students allotted PG seat at Govt. Medical College, Osmanabad (Dharashiv) (Maharashtra) should follow below mentioned instructions for PG admission:

1. **Download & print this PDF file. READ CAREFULLY ALL DETAILS**
2. **Student should report to the college in the morning for getting done the admission process on the same day.**
3. **Student should report personally for admission/admission cancellation in case of up gradation. PROXY will not be allowed for admission process/Cancellation of admission.**
4. **Print and fill 1 Copy of Application Form.**
5. **Print and fill 1 Copy Scrutiny Form.**
6. **Print and fill 1copy of Candidate information.**
7. **Print and fill 2 copy of Medical Fitness in the prescribed format ONLY.**
8. All **original documents** enlisted in the scrutiny form will be compulsorily required for admission. Additionally, student should submit **2 sets of SELF ATTESTED photocopies** of all original documents.
9. All original Documents **individually SCANNED in PDF format only** will be compulsorily required during admission. Student should scan document properly through computer scanner (Size 500 kb only). **Please don't use mobile scanner for scanning documents.** Individual Original Documents should be scanned and renamed properly.

   e.g. Nationality certificate after scanning should be renamed as **Nationality-Name of Student.**

   Prepare Folder and rename it with Name of the student, keep all scan documents in this folder for submission during admission. **Scan documents will be accepted only in Pen Drive. And also scan the DD in pdf file and mail us to email id – uggmcdharashiv@gmail.com**
10. Fees: Demand drafts (DD) of complete fees will be required during admission process. Kindly note that DD should NOT have any errors/spelling mistakes in the name of DD as desired. **Error/spelling will not be acceptable, such DD will be rejected**. **No cash/online transactions will be acceptable. Two Seperate DD should be in the name of**

    (01) "**Manager, State Bank of India, District Court Branch, Dharashiv (Osmanabad)** "

    (02)"**The Dean Govt. Medical College, Dharashiv**. ".
11. Other Letters if required will be taken at the time of admission (within the rules thereof)
12. Submit Recent Passport size photos (3 copies).

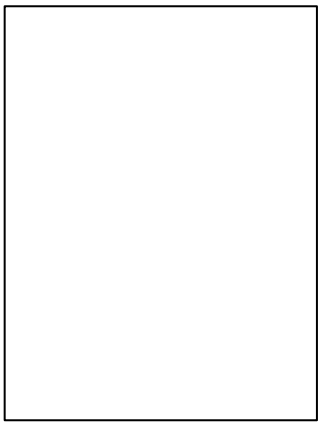
13. The institute is responsible for only admission of student in respective Quota. We will not be available to guide any students for further rounds or rules & regulations of All India/State/In Service Quota. The student should read information brochure/Notifications/Advisory issued by different agencies on official websites. Please don't contact institute admission cell for any such information's.

14. As per the information brochure issued by the State CET Cell Government of Maharashtra for the current academic year, under the clause of Penalty & Bond, non-completion of Junior residency tenure & for lapse of seat, or admission cancellation after cut-off date, the student must pay an amount of Rs.20,00,000/- (twenty lacs). In such case, returning of original documents will be done only after receipt of penalty amount. The deposited fees will also be non-refundable.

15. **Kindly note…. Admission Process requires verification and approval. No student will be given Joining letters urgently.**

16. **For any query, please call during 11:00 AM to 4:30 PM.**
    Landline number:
    Direct Number: 02472-227005
    Don't call on personal Mobile number of Dean available on mcc website, it is given for administrative use by mcc/DMER ONLY.

APPLICATION FORM



Student's Name:.....
Address (In capital):.....
.....
.....
Phone No (Res.):.....
Mobile No:.....
Email Id:-.....
Date:.....

To,
The Dean,
Govt Medical College, Osmanabad
(Dharashiv).

Sub: Reporting/Joining as JR-1 in subject of .....
Through NEET PG All India/State Quota/In Service Quota seat allotment.

Ref: NEET PG Allotment Letter/ List.....Dated:.....

Respected Sir/Madam,

I the Undersigned Dr..... (Full name in Capital) have been selected for the post graduate degree/diploma course in the subject of..... as per the allotment letter/list available on official website Dated.....

Kindly enroll me in your college as JR-1 in the subject of..... for the academic year 2026-2027.

I have informed that, I must submit Service Bond of 1Year to Maharashtra Govt. Once my admission is confirmed in this institute, otherwise I will have to pay penalty of Rs.50,00,000/- (Fifty Lac only) as per the rules PG Admission regulations of State of Maharashtra and changes if any issued from time to time in the respective academic year of admission.

Thanking You.

Yours Sincerely,

(Dr. .....)

PG ADMISSION - 2026

SCRUTINY FORM

Name of the Student - _____ **Date:- / /2026**

Admission Quota - _____ **Rank -** _____

Sr.No.	Essential Documents Required	Yes/No
1	Aadhar Card (Xerox Copy)	
2	Nationality Certificate or Valid Indian Passport (attested by Dean)	
3	Domicile Certificate/ Residence Certificate	
4	NEET PG Mark Sheet	
5	NEET PG Admit Card	
6	NEET PG Allotment Letter/List	
7	MBBS Passing Certificate	
8	MBBS Degree Certificate	
9	Internship Completion Certificate (should not be later than 30/09/2026)	
10	Registration Certificate of MBBS from Maharashtra Medical Council	
11	Caste Certificate (If applicable) For All India Quota- Annexure-3 for SC/ST Category (Format Attached) Annexure-4 for OBC Category(Format Attached) For State quota - In Prescribed format as per Maharashtra State	
12	Cast Validity (If applicable) For outside Maharashtra students (OMS) Letter from magistrate that yourstate does not issue caste validity certificate will be compulsory as per attached proforma (Annexure E)	
13	Non-Creamy layer Certificate valid up to 31.03.2027 (NCL) or Later (If applicable)	
14	EWS Certificate (If applicable) Produced for the Year 2026-2027. **All India as per format Annexure-5 / State as per format Annexure -A Ref. State CET Brouchure)**	
15	MBBS College Leaving Certificate (T.C.) OR Continuation letter if student is from same college (If not attached Submit the same in 15 Days of admission)	
16	Gazette for Change in Name (If applicable)	
17	Migration Certificate issued by respective University (If applicable) (If not attached Submit the same in 15 Days of admission)	
18	Self-Education Gap Certificate after completion of Internship (If applicable) (If there is 6 months gap between Internship Completion date and Admission to the college -Gap affidavit is compulsory)	
19	Medical Fitness Certificate (in prescribed format only)	
20	Physical Handicapped Certificate from authorized agencies ONLY (If applicable) **Refer** Eligibility Certificate of MCC is Mandatory	
21	For state quota seat- Bond Release Certificate/Bond Break payment Govt. receipt (if applicable) (For candidate who have completed Internship on or Before 11.08.2023 as per State CET Cell Broacher Clause 8.13)	
22	For In Service Candidate- 1) NOC 2) Reliving letter 3) Deputation Certificate 4) University Approval Certificate for teacher in concerned subject 5) Experience Certificate from health department for In service state quota students. (This will be Compulsory for In-service candidates)	
23	Other letter if any required will be taken during admission	
24	Orphan Certificate (If Applicable)	
25	Personal Information Certificate	
26	Retention Form (applicable to State Quota Annexure L attached)	
27	Cancellation Form (applicable to State Quota Annexure K attached	

Deficiency IF any:

(Please Mentioned) Eligible/ Not Eligible -

SCRUTINY OFFICER
(Name & Signature)

UNDERTAKING-NEET-PG ADMISSIONS

(Applicable for All India Admissions only)

I the undersigned hereby confirm that the data submitted during joining (1st / 2nd /subsequent rounds) for post-graduation through the online process was done in my presence and with my full consent. It will be my full responsibility to thoroughly check the data before final submission.

Name & Sign Witness	(Name & Sign of candidate with date)
Contact No.:	Contact No:

Place:-
Osmanabad
(Dharashiv)
Date:-

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. _____who is desirous of admission to medical postgraduate courses.

He/she has not given any personal history of any disease incapacitation him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the medical postgraduate course (NEET PG) in the academic Year 2026-2027.

1. Absence of any incapacitating and / or progressive systematic disease/disorder/condition.
2. Absence of any disability of upper limb/s.
3. Absence of any major visual/auditory disability,
4. Absence of psychosis/neurosis/mental retardation.
5. Ability to maintain erect posture.
6. Reasonable manual dexterity.

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
Seal of Registered Medical Practitioner	Date:

Note:

- ✓ A candidate must be medically fit to undergo PG courses applied for. The medical fitness must be certified by registered medical practitioner in the above prescribed format ONLY.
- ✓ **If the candidate has claimed PWD seat& allotted a PWD seat**: He/ She must submit additionally the current academic year RECENT Physical handicapped verification certificate (PWD) issued by the authorized centers only as per the instructions of competent authorities of All India/State quota for the current academic year in information brochures/Notifications/Advisory.

SERVICE BOND/ INDEMNITY BOND

To be submitted ONLY after final confirmation of admission/after cut-off date.

As per Government Resolution (G.R. No. MED 1010/CR-184/10/Ed-2, dated: 28th May 2010, and any G.R issued in this regard from time to time), candidate joining seat of Government / Municipal Corporation colleges for admission to Post graduation Courses either through All India Post-graduate quota or through NEET-PG 2026 state quota will be required to sign a bond to serve the Government of Maharashtra or local self-government or Defence services for a period of one year (Social responsibility service), failing which he/she will be required to pay Rs. 50,00,000/- (Rupees Fifty Lacs only) for the default.

1. It will be the total responsibility of the student to submit the **SERVICE BOND after final confirmation / Cut-off date of admission within one week.**
2. Any student failing to submit the Bond within the stipulated time will not be eligible for appearing the PG exams. Appropriate action will be initiated against all such candidates and stipend will be withheld till the receipt of Bond.
3. Bond Should be prepared on Rs.500/- Bond. (Notarized)
4. Service Bond is applicable for All India/State PG Student.
5. Matter of Bond is given below.

INDEMNITY BOND

I, Dr. _____,D or S/o _____ _____age _____, Indian Inhabitant, Present Address:_____ _____, do hereby take an oath and state solemn affirmation as under:

I the undersigned _____student in _____course in Govt. Medical College, Dharashiv (Osmanabad) through NEET PG 2026 Exam state counseling.

As per NEET PG 2026 brochure clause/Para 21.3, I undertake that on completion of my PG Course, I will be bound to serve the Government of Maharashtra or Corporation or Defence Services for a minimum period of ONE year.

If for any reason I fail to serve the Government of Maharashtra or Corporation or Defence Services for a minimum period of ONE year, in that event they will entitled to claim and recover from me or my sureties a sum of Rs.50,00,000/- (Fifty Lakhs only).

In the event I fail to comply with condition of this undertaking the whole of said amount of Rs.50,00,000/-(Fifty Lakhs only) shall become forthwith payable by Parents/Guardians/Sureties jointly and severally all discretion of the University and University will be entitled to seek legal remedies against my Parents/Guardians/Sureties.

I undertake to communicate my address from time to time if there is any change.

Date: / /2026 Signature:
Place: Name:
Address:

Mobile No.

Witnesses:
1)
2)

(On Letter head of the Tahsildar/Magistrate office)

Annexure E

OFFICE THE _____

_____

Outward No:- Date :-

TO WHOME IT MAY CONCERN

CERTIFICATE

This is to certify that, the Caste Certificate No. _____

Dated _____issued to Mr./ Miss. _____

By the Tahsildar / Magistrate / _____is Valid.

Further, it is stated that there is no provision of issuing separate Caste Validity

Certificate in _____State.

Office Seal / Stamp

Signature of Tahsildar/ Magistrate/ Issuing Authority

UNDERTAKING

I ……, selected through All India Quota/ State Quota for Post Graduate admission at Government Medical College, Dharashiv (Osmanabad). I have reported on Date:- / /2026.

I undertake to submit the following certificate(s) with 15 days from the date of admission.

1)

2)

3)

4)

5)

6)

I am aware that if I fail to submit above mentioned documents within 15 days, appropriate action will be initiated against me by the administration. It shall be my responsibility to produce all necessary documents and get eligibility from Maharashtra University of Health Sciences, Nashik.

Name:-
Signature of Candidate
AIR/Sate Quota : -----
Mobile No.
E-mail.

STUDENT LIFE CYCLE MANAGEMENT

(KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)

QUOTA: STATE/ALL INDIA_____

SEX; M/F_____ DATE OF ADMISSION_____

NEET ROLL NO._____ AIR NO _____

NAME OF THE STUDENT (in English)_____

(AS PER HSC MARKSHEET)

NAME OF THE STUDENT (in Marathi)_____

LOCAL ADDRESS_____

_____PIN:_____

PERMANENT ADDRESS_____

_____PIN:_____

DATE OF BIRTH_____ PLACE OF BIRTH_____

DOMICILE STATE_____-

MOBILE NOS:- SELF_____& FATHER/MOTHER_____

LAND LINE NO_____AADHAR CARD NO._____

BLODD GROUP_____MOTHER TOUNGE_____PAN NUMBER_____

S.S.C.PASSING MARKS/OUT OF _____PERCENTAGE_____BOARD NAME_____

SCHOOL NAME_____MONTH &YEAR OF PASSING_____

H.S. C, PASSING MARKS/OUT OF _____PERCENTAGE_____BOARD NAME_____

COLLEGE NAME_____MONTH & YEAR OF PASSING_____

MARKS : PHYSICS :_____CHEM:_____BIO:_____ENG:_____

PCB TOTAL:_____PCBE TOTAL :_____PCB PERCENTAGE_____HSC SEAT NO_____

MBBS, PASSING MARKS/OUT OF _____ PERCENTAGE_____

UNIVERSITY NAME_____

COLLEGE NAME_____MONTH & YEAR OF PASSING_____

NEET MARKS_____NEET PERCENTAGE_____NEET PERCENTILE _____

ADMITTED CATEGORY/QUOTA_____STUDENT'S CATEGORY_____

SUB CASTE_____(ALSO FOR OPEN CANDIDATES), **SPL RESERVATION**_____

ANNUAL INCOME: FATHER_____MOTHER_____

SIGNATURE:: CANDIDATE_____FATHER_____

EMAIL ID : (IN CAPITAL)_____MOTHER NAME_____

NON CREAMY LAYER VALID UPTO _____

FATHER DETAILS :

FULL NAME _____

PERMANENT ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER EMAIL ID_____

MOTHER DETAILS :

FULL NAME _____

PERMANENT ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER EMAIL ID_____

FATHER OFFICE DETAILS:

OCCUPATION_____OFFICE NAME_____

OFFICE ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER OFFICE EMAIL ID_____

MOTHER OFFICE DETAILS:

OCCUPATION_____OFFICE NAME_____

OFFICE ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

MOBILE NO_____LANDLINE_____

FATHER OFFICE EMAIL ID_____

STUDENT BANK DETAILS:

STUDENT NAME**(as per Bank Account)**_____

BANK NAME_____BANK AC NO_____

BANK IFSC CODE_____

BANK ADDRESS_____

STATE_____DISTRICT_____PIN CODE_____

KINDLY ATTACHED COPY OF HSC MARKSHEET, SELECTION LETTER AND CC ,CVC & EWS

(Kindly fill 2 copies of the above form and bring along with you at the time of Admission)

FEE STRUCTURE

POST GRADUATE (MD/MS)

ADMISSION YEAR 2026-2027			
	JR 1 (First Year)	**JR 2 (Second Year)**	**JR 3 (Third Year)**
Tuition Fee (A)	167300	167300	167300
Other Fee (B)			
Admission Fee	1500	-	-
Vikas Nidhi	5000	5000	5000
Resident Deposit	3000	-	-
Hostel Fee	4000	4000	4000
Librabry Deposite	2000	-	-
Librabry Fee	1000	1000	1000
Gymkhana Fee	500	500	500
Hostel Deposit	50	-	-
Total (B)	**17050**	**10500**	**10500**
Total (A+B)	**184350**	**177800**	**177800**

- This Fee Structure is applicable to all category students.
- For In-Service Candidate (Maharashtra0 Only Other fee (B) is applicable.

Note: This Fee Structure is applicable to all Three Years for the candidate admitted in the Academic Year 2026-2027.

FEES NOTICE

Subject:- Payment of Fees for Post Graduate Students

(Academic Year 2026-2027)

All Post Graduate (MD/MS) Students who wants to take admission for Post Graduate course through NEET PG 2026-2027 must follow the following instructions:

1. They must bring original set of documents and two attested photocopies of the same.
2. They must bring two separate DD from a Nationalized Bank i.e. (1) Rs.167300/- in favor of " **Manager, State Bank of India, District Court Branch, Osmanabad (Dharashiv)"**
   (2) Rs. 17,050/- in favor of "**The Dean, Govt. Medical College, Osmanabad (Dharashiv)"**.
   (Payable at Osmanabad (Dharashiv).

1. Tuition Fees:-167300/- (One Lakh Sixty Seven Thousand and Three Hundred Rupees Only)

2. Other Fees:-17,050/- (Seventeen Thousand & Fifty Rupees only)

- **Tuition Fees**:- **Rs.167300/-**
- **Other Fees:-**

Admission Fees:-	Rs.1500/-
Vikas Nidhi:-	Rs.5000/-
Resident Deposit:-	Rs.3000/-
Hostel Fees:-	Rs.4000/-
Library Deposit:-	Rs.2000/-
Library Fees:-	Rs.1000/-
Gym Fees:-	Rs.500/-
Hostel Deposit	Rs. 50/-
	Rs. 17,050/-

ANNEXURE "L" (For State Candidate)

STATUS RETENTION FORM

NEET PG 2026

Candidate name :_____SML NO :_____ROLL NO :

Institute / College :_____Course:

To,
The Commissioner,
State CET CELL,
8th Floor, New Excelsior Bldg, A.K. Nayak Marg,
Fort Mumbai 400 001.

Sir / Madam,

I Dr. _____wish to retain the seat alloted to me at Govt. Medical College, Osmanabad (Dharashiv). For _____ _____Course for the academic year 2026.

DECLARATION

I am fully aware that after submitting this status retention form I will not considered for any subsequent rounds of selection process for the year 2026. I also declare that I will not ask for reconsideration of my name for the further selection process.

Date :

Place: **Signature of Candidate**

Submitted for necessary action

Date:

Place: **Signature of Dean/ Principal (With seal)**

Note : This blank form to be Xeroxed and to be filled in triplicate, one copy to be sent to the competent authority by the college. one copy to be retained by the college, one copy to be retained by the candidate.

ANNEXURE - "K" (For State Candidate)

RESIGNATION OF ADMISSION TO MEDICAL POSTGRADUATE COURSE 2026-2027

To,
The Commissioner,
State CET CELL,
8TH floor, New Excelsior Building, A.K.Nayak Marg,
Fort Mumbai 400 001.

(Through Dean / Principal)

Subject : Resignation of Post Graduate Admission.

Respected Sir,

I, Dr._____SML NO._____has been admitted for _____course at Govt. Medical College, Osmanabad (Dharashiv). On_____under_____category.

Now, I wish to resign the above mentioned PG admission for the following reasons.

1) I have secured admission to PG course at _____ _____on_____under_____category.

I hereby tender my voluntary resignation. I am abide by the Rules and Regulations regarding fees, bond and penalty conditions, as per NEET-PG 2024 brochure.

Thanking You,

Yours Faithfully,

Date:

Place: **Signature of candidate**

Name and address of the candidate : **Pin Code :** **Mobile :**	**For Office use only** **Amount Paid Rs:** **Amount Deducted Rs:** **Amount Refunded Rs:** **Cheque No. & Date:** **Bank Particulars:**

Note:

This blank form to be Xeroxed and to be filled in triplicate, one copy to be sent to competent authority by the college, one copy to be retained by the college, one copy to be retained by the candidate.

सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो ४०१९/प्र.क्र.३१/१६ अ, दि. ३१.०५.२०२१
सोबतचे सहपत्र
Annexure-A

Government of Maharashtra

Certificate No :

Photo

(valid for Year)
Eligibility certificate for Economically Weaker Section

(For the purpose of 10% reservation prescribed for Economically Weaker Section vide Government Resolution सामान्य प्रशासन विभाग, शासन निर्णय क्र. राआधो 4019/प्र.क्र.31/16 अ dated 31.05.2021)

This is to certify that Shri/Smt/Kum ---------- is son /daughter/ward of ---------- ----------He/ She is resident of village / city ---------- Taluka ---------- District -------- and he /she belongs to ---------- caste/sub caste /class which is not included in the cadres mentioned in the Maharashtra State Public services (Schedule Caste, Schedule Tribes, De-notified Tribes (Vimukta Jati), Nomadic Tribes, Special Backward category and Other Backward Classes) Act, 2001 (Maharashtra Act No 8 of 2004).

As per norms prescribed Vide Government of Maharashtra, General Administration Department, and Government Resolution No. राआधो 4019/प्र.क्र.31/16 अ, dated 12.02.2019. His /Her gross family annual income for Year---------- from all source is Rs.----------/- which is less than Rs.8,00,000/-. Therefore it is certified that he/ she is within category of Economically Weaker Sections.

Place :
Date :

Signature :
Name :
Designation:

(This certificate has been issued on the basis of following proof/evidences/documents)

1.
2.
3.

पृष्ठ ८ पैकी ८

Annexure - 5

Performa for EWS Certificate

Government of .....
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date: _____

VALID FOR THE YEAR_____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District_____ in the State/Union Territory _____ Pin Code_____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family"** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

I. 5 acres of agricultural land and above;
II. Residential flat of 1000 sq. ft. and above;
III. Residential plot of 100 sq. yards and above in notified municipalities;
IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office_____
Name _____
Designation _____

Recent Passport size attested photograph of the applicant

*Note1:. Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2:The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

ANNEXURE - 4

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificateto be produced by Other BackwardClass applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr._____Son/Daughter of Shri/Dr._____of Village/Town_____District/Division_____in the _____ State belongs to the_____Community which is recognized as a backward class under:

(i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.

(ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.

(iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.

(iv) Resolution No. 12011/96/94-BCC dated 09/03/96.

(v) ResolutionNo. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.

(vi) Resolution No. 12011/13/97-BCC dated 03/12/97.

(vii) Resolution No. 12011/99/94-BCC dated 11/12/97.

(viii) Resolution No. 12011/68/98-BCC dated 27/10/99.

(ix) ResolutionNo. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.

(x) ResolutionNo. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.

(xi) ResolutionNo. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.

(xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.

(xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.

(xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.

(xv) ResolutionNo. 12011/09/2004-BCCdated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.

(xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.

(xvii) ResolutionNo. F.No.12015/05/2011-BC-II dated 17th February, 2014

Shri/Smt./Kum._____and/or his family ordinarily reside(s) in the _____ District/Divisionof_____State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled 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 OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:

District Magistrate/Competent Authority Seal

NOTE: Any Resolution Number not mentioned/ corrective Ness in above list (1-17) may be verified from central list at national commission for Backward classes website and be may accepted as valid after confirmation from site by verifying institutes.

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

(b) Theauthoritiescompetent toissue Caste Certificates are indicated below:

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

(i) Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.

(ii) Revenue Officer not below the rank of Tehsildar.

(iv) Sub-Divisional Officer of theareawherethe candidateand/or his family resides.

(c) The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2026.

ANNEXURE-3

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.* ---------- son/daughter* of---------- of village/town*----------in district/Division*----------of the State/Union Territory* ----------
belongs to the----------Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe*under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order,1951
- The Constitution (Scheduled Tribe) (Union Territories) Order,1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:
This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt*----------
----------father/mother of Shri/Smt/Kum* ---------- 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* ----------issued by the ---------- (name of prescribed authority) vide theirNo----------
- date

3. Shri*/Smt.*/Kum* ----------and/or his/her* family ordinary reside (s) in village/town* ---------- of the State/Union Territory of----------.

Signature

Place---------- State/Union Territory ** Designation----------
Date ----------(With seal of Office)

* Please delete the words which are not applicable.

- Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

** Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.