APPLICATION FORM FOR ISSUANCE OF
OTHER BACKWORD CLASSES CASTE CERTIFICATE

Fields marked * are mandatory

Service Payment Details:
1. Service Charges of the kiosk Operator = 18.00
2. Printing Charges per unit = 10.00
3. Scanning Charges per unit = 5.00
4. Degs Charges fee per unit = 2.00

(The amount may vary based on no of printing and scanning page counts)

The Acknowledgement of receipt of Application / Delivery of Certificate and Payments received from the citizens shall be issued free of cost by the CSC operator to the citizens.

Documents Required
Mandatory Documents
Supporting Documents

1. RoR
2. Self Declaration
3. Land Pass Book
4. Any other document in support/claim

Delivery Time Lines; Estimated Timelines To Process The Application (Expected Date of Delivery):

Fill all the details in the block letters

Personal Details
Applicant Name* :- ____________________________
Gender* :- ________________ Marital Status* :- ________________
Date of Birth* :- ________________ Age* :- ________________

Parents Details
Father Name* :- ____________________________
Mother Name* :- ____________________________

Spouse Details
Spouse Name* :- ____________________________
Relation With Applicant* :- ________________

Contact Details
Phone No :- ________________ Mobile No :- ________________
Email :- ____________________________

Permanent Address :-
Urban
District * :- ________________ Sub Division * :- ________________
Tahsil * :- ________________ RI Circle * :- ________________
Block * :- ________________ Village/Ward * :- ________________
House No/Name* :- ________________ Police Station * :- ________________
Post Office * :- ________________
Pin * :- ________________

Submitter Details
Is applicant and submitter are same? * Yes No
Submitter's Name* :- ____________________________
Relation With Applicant* :- ____________________________
Present Address :-              Urban                   Rural

Is Present Address Same as Permanent Address?     Yes       No
(If "No" please fill the Present address given below)

District * :- _______________     Sub Division * :- _______________
Tahsil * :- _______________     RI Circle * :- _______________
Block * :- _______________     Village/Ward * :- _______________
House No/Name* :- _______________     Police Station * :- _______________
Post Office * :- _______________      
Pin * :- _______________

Caste Details :-

Caste * :- _______________     Religion* :- _______________
Sub Caste/Community :- _______________     Occupational Background :- _______________
Serial number of the Caste in the Central list of OBC:- _______________

Purpose :-

Father Mother& Spouse Other Details
Please select the respective relation (Father/Mother/Spouse) to fill up the details

State of the Parent(s)/Husband, Father, Mother & Spouse :-

Constitutional Post:

Designation : ____________________________    ____________________________    ____________________________
Government Service
Service(Central/State): ____________________________    ____________________________    ____________________________

Designation: ____________________________    ____________________________    ____________________________
Scale of Pay, including classification if any: ____________________________    ____________________________    ____________________________
Date of appointment to the Post: ____________________________    ____________________________    ____________________________
Age at the time of promotion to the class-1 post: ____________________________    ____________________________    ____________________________

Employment of International Organization

Name of Organization: ____________________________    ____________________________    ____________________________
Designation: ____________________________    ____________________________    ____________________________
Period of Service Form: ____________________________    ____________________________    ____________________________
Period of Service To: ____________________________    ____________________________    ____________________________

Death/Permanent In-capacitation (Putting an officer out of Service):

Date of Death/Permanent In-capacitation: ____________________________    ____________________________    ____________________________
Details of permanent In-capacitation: ____________________________    ____________________________    ____________________________
Employment in public Sector Undertaking

Name of organization: ___________________  ______________  __________________

Designation: ___________________  __________________  __________________

Date of appointment to the post: ___________________  ______________  __________________

Armed Forces including Para-military forces

Designation: ___________________

Scale of pay: ___________________  ______________  __________________

Professional Class(Please indicate whether engaged in Trade, Business and Industry)

Applicant’s Occupation/Profession: ___________________  ______________  __________________

Property Owners

Agricultural land holding (owned by mother, father and minor children)

Location: ___________________  ______________  __________________

Size of holding (Area): ___________________  ______________  __________________

Irrigated (type of Irrigated Land)

I  ___________________  ______________  __________________

II  ___________________  ______________  __________________

III  ___________________  ______________  __________________

Unirrigated

IV. Percentage of irrigated landholding to statutory ceiling limit

Under state land ceiling law: ___________________  ______________  __________________

V. If land holding is both irrigated/un-irrigated total irrigated land

holding on the basis of conversion formula under state land ceiling law: ___________________  ______________  __________________

VI. Percentage of total irrigated land holding to statutory ceiling limits as per (V): ___________________  ______________  __________________

Plantation

Crops/Fruits: ___________________  ______________  __________________

Location: ___________________  ______________  __________________

Area of Plantation: ___________________  ______________  __________________
Vacant land and buildings in Urban areas or Urban Agglomeration

Location of property: __________________________________________________________

Details of property: __________________________________________________________

Use to which it is put: _________________________________________________________

Income /Wealth

Annual family income from all Sources (including salaries & income from agriculture land): __________________________________________________________

Whether Tax Payer (if yes, a copy of the last 3 returns be furnished): __________________________________________________________

Whether covered in wealth tax act(if yes,Furnish details): __________________________________________________________

Wealth Tax Details: __________________________________________________________

Any other remarks; ________________________________________________________________________________________________

I, Shri / Smt ____________________________________________________________.Son of / Daughter of / Wife of ____________________________________________________________.

resident of village ______________________________ P.S. __________________________ District __________________________ and I certify that the above said particulars are true to the best of my knowledge and belief that I do not belong to the Creamy Layer of S.E.B.C/O.B.Cs. and eligible to be considered for the posts reserved for S.E.B.C/O.B.Cs. In the event of any information being found false or incorrect, or ineligibility being detected before or after the selection, I understand that my candidature/appointment is liable to be cancelled and I shall be liable to such further actions as may be provided under the law and/or rules.

Yes                              No

Signature of the applicant