

Court Fee Stamp as required

APPLICATION FORM FOR ISSUANCE OF

**OTHER BACKWARD CLASSES CASTE CERTIFICATE**

Paste Applicant Photo

(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.The Government fees = 30.00
- 5.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.



Applicant's signatutre

**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	Rural	
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 \*** :- \_\_\_\_\_  
**Tahsil \*** :- \_\_\_\_\_  
**Block \*** :- \_\_\_\_\_  
House No/Name\* :- \_\_\_\_\_  
Post Office \* :- \_\_\_\_\_  
Pin \* :- \_\_\_\_\_

**Sub Division \*** :- \_\_\_\_\_  
**RI Circle \*** :- \_\_\_\_\_  
**Village/Ward \* :-** \_\_\_\_\_  
**Police Station \*** :- \_\_\_\_\_

**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 ,Fateher,Mother&Spouse:-

**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