

- 6. Resolution No.12011/12/96-BCC published in the Gazette of India - Extraordinary No.164 dated 1 st Sept. 1997.
- 7. Resolution No.12011/99/94-BCC published in the Gazette of India - Extraordinary No.236 dated 11 th Dec 1997.
- 8. Resolution No.12011/13/97 -BCC published in the Gazette of India - Extraordinary No.239 dated 3rd Dec.1997.
- 9. Resolution No.12011/12/96-BCC published in the Gazette of India - Extraordinary No166 dated 3rd Aug.1998.
- 10. Resolution No.12011/68/93-BCC published in the Gazette of India - Extraordinary No.171 dated 6th Aug.1998.
- 11. Resolution No.12011/68/98-BCC published in the Gazette of India - Extraordinary No.241 dated 27th Oct.1999.
- 12. Resolution No.12011 /88/98-BCC published in the Gazette of India - Extraordinary No.270 dated 6th Dec.1999.
- 13. Resolution No.12011 /36/99-BCC published in the Gazette of India -Extraordinary No.71 dated 4th April 2000.

Shri/Smt/Kum.....and for his/her family ordinarily reside(s) inDistrict/ Division* of.....State. 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 OM No.36012/22/93-Estt (SCT) dated 8/9/1993.

Date Seal District Magistrate/ Dy. Commissioner etc.
Note: The term* ordinarily resides* used will have the same meaning as in Section 30 of the Representation of the Peoples Act, 1950

Annexure-III

Application in the case of Scheduled Caste/Scheduled Tribe Persons who have migrated from one State/Union Territory

This certificate is issued on the basis of Scheduled Caste/Scheduled Tribe certificate issued to Shri/Smt/ Kum.....Father/Mother of Shri/Smt./Kum.....In District/ Division.....of State/Union Territory.....who belongs to the Caste/Tribewhich is recognized as a Scheduled Caste/Scheduled Tribe* in State/Union Territory.....issued by the.....(name of prescribed authority) vide their No.....dated.....

3. Shri/Smt/Kumari.....and of his/her family ordinarily reside(s) in village/town.....of District/Division of State/Union Territory of.....place.....State/Union Territory

Signature..... Date..... Designation..... (with seal of office).....

(* Please delete the words which are not applicable Please quote specific presidential offer .(*) Delete the Paragraph which is not applicable. Note: The term 'Ordinarily resides' used will have the same meaning as in Section 30 of the Representation of the Peoples Act, 1950

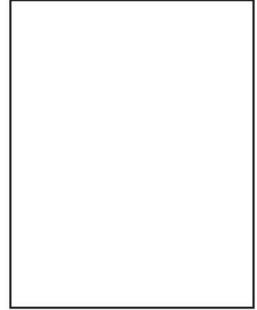
Annexure-IV

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

1. Certificate No..... Date.....

DISABILITY CERTIFICATE

This is certified that Shri/Smt./Kum.....son/wife/daughter of Shri..... age.....sex.....identification marks(s)is suffering from permanent disability



of following category.

A. Locomotor or cerebral palsy:

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) OL-One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (iv) OA-One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic

- (v) BH-Stiff back and hips (cannot sit or stoop)
- (vi) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing Impairment:

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to Improve/not likely to improve. Re-assessment of this case is not