

ANNEXURE 2

FORMAT OF OBC CERTIFICATE

CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIS) UNDER THE GOVERNMENT OF INDIA

(G.I., Dept. of Per. & Trg., O.M.No. 36033/28/94-Estt. (Res), dated 02.07.1997)

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 community which is recognised as a Backward Class under :

- *(i) Government of India, Ministry of Welfare, Resolution No. 12011/68/93-BCC (C), dated the 10th September, 1993, published in the Gazette of India, Extraordinary, Part-I, Section I, No.186, dated the 13th September, 1993.
- *(ii) Government of India, Ministry of Welfare, Resolution No. 12011/9/94-BCC, dated the 19th October, 1994, published in the Gazette of India, Extraordinary, Part-I Section I, No. 183, dated the 20th October, 1994.
- *(iii) Government of India, Ministry of Welfare, Resolution No. 12011/7/95-BCC, dated the 24th May, 1995, published in the Gazette of India, Extraordinary, Part-I, Section I, No. 88 dated the 25th May 1995.
- *(iv) Government of India, Ministry of Welfare, Resolution No. 12011/44/96-BCC, Dated the 6th December, 1996, published in the Gazette of India, Extraordinary, Part-I, Section I, No. 210, dated the 11th December 1996.
- *(iv) Government of India, Ministry of Welfare, Resolution No. 12011/09/2004-BCC, Dated the 16th January, 2006, published in the Gazette of India, Extraordinary, Part-I, Section I, No. 210, dated the 16th January 2006.

Sh./Smt..... and or his/her family ordinarily reside(s) in the
..... District/Division of the 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 and Training, O.M. No. 36012/22/93-Estt. (SCT), dated 08.09.1993 which is modified vide O.M. No.36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest modification of the Government of India.

(Seal)

No.....

District Magistrate

Dated.....

Deputy Commissioner etc.

* Please delete portions that are not applicable.