मोलाना आज़ाद नेशनल उर्दू यूनिवर्सिटी ويُشورك ों हे गुनिवर्सिटी ولانا آزاد ليشنال أردويو شيوركي

MAULANA AZAD NATIONAL URDU UNIVERSITY (A Central University, accredited "A" Grade by NAAC)



MANUU/DOA/F. No.03/2020-21/746

10th September, 2020

Notice

The Certificate Verification process for Regular Admissions 2020-21 into various programmes is proposed to be conducted Online due to the COVID-19 pandemic.

The candidate who has applied under various categories that is OBC, SC/ST, EWS and PWD would have to upload their certificate on dates to be notified later in the Government of India formats.

Hence all such candidates have to keep their relevant certificate ready in the formats given here under; Certificate in any other format will be summarily rejected.

Registrar I/c

Encls: Certificates - OBC, SC/ST, EWS & PWD

Copy to:

- 1. Office of Vice Chancellor
- 2. Director, CIT for uploading on website
- 3. PRO, for Publicity

OBC Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri / Smt. / Kum*		of '\!	llage/Towi				8	Son / Daugh	ter* of	
Smt.*	in	the	nagerrowi				State	belongs	to	the
		1110								
community which is recognized as a backw (i)Resolution No. 12011/68/93-BCC(C) dated	ard (class un 19/93 pu	der: blished in	the Gaze	tte of Ind	ia Extraor	dinary	Part I Secti	ion I No	o. 186
dated 13/09/93. (ii) Resolution No. 12011/9/94-BCC dated 19/	10/94	publish	ed in the C	Sazette o	f India Ex	traordinar	y Part	Section I N	o. 163	dated
20/10/94. (iii) Resolution No. 12011/7/95-BCC dated 24 25/05/95.	/05/9	5 publis	hed in the	Gazelle	of India E	xtraordina	ary Part	Section	No. 88	dated
(iv) Resolution No. 12011/96/94-BCC dated 9/ (v) Resolution No. 12011/44/96-BCC dated 6/ 11/12/96.			ed in the C	Sazette o	f India Ex	traordinar	y Part I	Section I N	o. 210	dated
(vi) Resolution No. 12011/13/97-BCC dated 0: (vii) Resolution No. 12011/99/94-BCC dated 1: (viii) Resolution No. 12011/68/98-BCC dated 2: (ix) Resolution No. 12011/88/98-BCC dated 6:	1/12/9 7/10/9	97. 99.	ned in the	Gazette (of India E	rtraordina	rv Part	I Section I N	lo. 270	dated
06/12/99. (x) Resolution No. 12011/36/99-BCC dated 04/										
04/04/2000. (xi) Resolution No. 12011/44/99-BCC dated 2	1/09	/2000 pt	blished in	the Gaze	ette of Ind	ia Extrao	rdinary	Part I Sect	ion I No	210
dated 21/09/2000. (xii) Resolution No. 12015/9/2000-BCC dated										
(xiii)Resolution No. 12011/1/2001-BCC dated (xiv) Resolution No. 12011/4/2002-BCC dated	19/06	12003.					4			
(xv) Resolution No. 12011/9/2004-BCC dated	16/0	1/2006 p	ublished in	the Ga	zette of In	dia Extra	ordinary	Part I Sect	ion I No	210
dated 16/01/2006. (xvi) Resolution No. 12011/14/2004-BCC date										
dated 12/03/2007. (xvii) Resolution No. 12015/2/2007-BCC dated (xviii)Resolution No. 12015/13/2010-BCC date										
Shri / Smt. / Kum District /	Divis	ion of				and / or State T	' nis tar 'his is a	nily ordinarily	y reside v that h	:(5) IN e/she
does not belong to the persons/sections (ODepartment of Personnel & Training O.M. No. Estt.(Res.) dated 09/03/2004, further modified the Government of India.	Crear 3601	ny Laye 2/22/93-	r) mention Estt.(SCT)	ed in Co dated 08	lumn 3 of 3/09/93 wh	the Sche	dule to dified vi	the Government of the OM No. 3	nent of 36033/3.	India, /2004
Dated:				ž						
District Magistrate / Deputy Commissioner / Competent Authority					٠,					
Seal			•							
* Please delete the word(s) which are not app	licabl	e.							la Es	
NOTE:										,
(a)The term 'Ordinarily resides' used here will 1950. (b) The authorities competent to issue Caste (i) District Magistrate / Additional Magistrate Collector / Ist Class Stipendiary Magistrate / S Commissioner (not below the rank of Ist Class (ii) Chief Presidency Magistrate / Additional Chief (iii) Revenue Officer not below the rank of Teh (iv) Sub Divisional Officer of the area where the	Certif / Co lub-D Stipe ief Pr isilda	icates ar ollector ivisional endiary N esidenc r' and	e indicated Deputy (magistrate) lagistrate). y Magistrat	l below: Commiss : / Taluka e / Presid	ioner / A Magistra dency Ma	dditional te / Execu	Deputy	Commission	ner / D	eputy

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/Shrimati/Kumari	Son/Daughter of
Village/Town	/District/Division*
of the	State/Union Territory belongs to the
Caste*/Tribe which is recognised a	as a Scheduled Caste/Tribe under:
*The Constitution (Scheduled Castes Order, 1950. *The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order, 1951; *The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order, 1951; *The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order, 1951; *[As amended by the Scheduled Castes and Scheduled Tribes List (Modification Order, 1956, 1956] *The Constitution (Jammu and Kashmir)* Scheduled Castes Orders, 1956. *The Constitution (Jammu and Kashmir)* Scheduled Castes Orders, 1956. *The Constitution (Andaman and Nicobar Islands)* Scheduled Tribes Order, 1959, Orders (Amendment) Act, 1976 *The Constitution (Dadra and Nagar Haveli)* Scheduled Castes Order, 1962. *The Constitution (Dadra and Nagar Haveli)* Scheduled Tribes Order, 1962. *The Constitution (Pondicherry) Scheduled Castes Order, 1964. *The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967. *The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968. *The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968. *The Constitution (Nagaland) Scheduled Tribes Order, 1970. *The Constitution (Sikkim) Scheduled Castes Order, 1978 The Constitution (Sikkim) Scheduled Tribes Order, 1978 The Constitution (Sikkim) Scheduled Tribes Order, 1989. *The Constitution (SC) Orders (Amendment) Act, 1990. *The Constitution (ST) Orders (Amendment) Ordinance Act, 1991. *The Constitution (ST) Orders (Amendment) Ordinance Act, 1991. *The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002. *The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002. *The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002. *The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002. *The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002. *The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002. *The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002. *The Scheduled Castes and Scheduled Tribes Orders (Ame	der, 1956, the Bombay Reorganisation Act, 1960, the Punjab in Areas (Reorganisation) Act, 1971 and the Scheduled Castes as amended by the Scheduled Castes and Scheduled Tribes
This certificate is issued on the basis of the Scheduled Ca Shri/Shrimati* father/mother* of Village/Town* of the State/Union Territory* Caste*/Tribe which is recognised a Station/Union Territory* issued by the	of Shri/Shrimati/Kumari in /District/Division* who belongs to the as a Scheduled Caste/Scheduled Tribe in the dated
3. Shri/Shrimati/Kumari* and /or* his/her* family District/Division* of	ordinarily reside(s) in Village/Town* the State/Union Territory * of
race Signature	
Date Designation	
(with seal of Office)	
State History 7	
	Cerritory
Please delete the words, which are not applicable. Please quote specific Presidential Order Delete the Paragraph, which is not applicable	
Note: (a) The term 'ordinarily reside'(s) used here will have the same meaning tet, 1950. The following Officers are authorised to issue caste certificates:	ng as in Section 20 of the Representation of the People
 District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Add Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Ass Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate/Revenue Officer not below the rank of Tehsildar. Sub-Divisional Officer of the area where the candidate and/or his family normally reside Certificates issued by Gazetted Officers of the Central or of a State Government counters Administrator/Secretary to Administrator (Laccadive, Minicoy and Amindivi Islands). 	sistant Commissioner. rate.

		ioney localing the c	ci tilicate)	
INCOME & ASSETS C SECTIONS	ERTIFICATE TO BE	PRODUCED BY	ECONOMICALLY WE	AKER
Certificate No.	wa.		Date:	
	VALID FOR THE Y	EAR		
III. Residential plot of 1	only) for the financial y	rear Hi	s/her family does not o	own or
2. Shri/Smt./Kumari _ recognized as a Scheduled	Caste, Scheduled Tribe	belongs to the and Other Backwar	caste which d Classes (Central List)	is not
		• ,		
•		Signature with Name Desi	seal of Office	
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.

DISABILITY CERTIFICATE (IN CASE OF AMPUTATION OR COMPLETE PERMANENT PARALYSIS OF LIMBS AND IN CASES OF BLINDNESS)

(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORTIY ISSUING THE CERTIFICATE)

Recent PP size
Attested
Photograph
(showing face only)
of the person with
disability

Certif	icate No.				Date:						
This	is	to	certify	that	I	have	carefully	ex	amined		
Shri/S	mt/Kum_			Sor	ı/wife/dau	ighter					
						years, n					
						t of Home No					
Ward/V	illage/Stre	eet		Pos	st Office		District	*			
	_										
Whose	photograp	h is affix	ed above, a	nd an satis	fied that:						
(A)	he/she is	a case of									
•	locomoto	r disabili	ty								
•	blindness										
	(Please tic	ck as app	licable)								
(B)	the diagno	osis in his	s/her case _								
						- P					
(A)	He/She ha	ās			% (in	figure)		ре	ercent(in		
	words)					ent/blindness					
	his/her		1	part of bod	lv) as per g	uidelines(to b	e specified)				

DISABILITY CERTIFICATE (In case other than those mentioned in Forms II)

(NAME AND ADDRESS OF THE MEDICAL AUTHORTIY ISSUING THE CERTIFICATE) (See rule 4)

Recent PP size Attested
Photograph
(showing face
only) of the
person with
disability

Certifi	cate	No.							Date:		
This	is	to	certify Son/wi				carefully ri		examined _ Date of		m
(DD/N	/IM/Y	() A	ge	у	ears	, male/	Female			Registration	n
No			pern	nanent	res	ident o	f House I	No.		_	
Ward/							Post		Office		
Distric	ct		St	ate		Who	ose photog	grap	h is affixed	d above, and a	ın
satisfi	ed th	at he	/She is a	Case	of _					lis/her extent of	
percei	ntage	phys	sical impa	airment	/disa	bility ha	as been ev	/alu	ated as p	er guidelines(t	to
										nst the releva	
			ahle helov				~				

S.No	Disability	Affected part of the body	Diagnosis	Permanent physical impairment/ment al disabilities (in %)
1.	Locomotor disability	@		
2	Low vision	#		
3.	Blindness	Both Eyes	a	0
4.	Hearing impairment	\$		
5.	Mental retardation	Х	•	
6.	Mental-illness	Х		

(Please strike out the disabilities which are not applicable)

- 2. The above condition is progress/non progress/likely to improve/not likely to improve.
- 3. Reassessment of disability is:
- (i) not necessary

Or

~					
in K	(ii) is recommended/af	ter years	on th	is, and therefo	ore this
	certificate shall be	e valid till			
		(DD)	(MM)	(YY)	
	@ e.g. Left/Right/both a	rms/Legs			
	# e.g. Single eye/both	eyes			
	\$ e.g. Left/Right/both e	ars.			
	4. The applicant has su	bmitted the following do	ocument as p	proof of residence	e:
	Nature of Document	Date of issue		Details of	authority
				issuin	g certificate
					*
				-	
(
		(Authorised S	Signatory of	f notified Medic	al Authority
					and Seal)
			•	Coun	tersigned
×				e and seal of th	ie .
	r.	CMO/Medical of Gov		ident/Head spital, in case	the
		certific	cates issue	d by a medical nent servant (w	authority
			ot a permai	ient servant (w	itti seai)}
	Signature/Thumb impression of the				
	person in whose				
	favour disability certificate is issued.				v
		9			
		Note: In case this authority who is n	s certificate ot a govern	e is issued by nment servant,	a medical it shall be
	on the District."	valid only if counter	ersigned by	the Chief Med	lical Officer
÷	S. C. O DIOTHOU				
				**	

2. The applicant has submitted the following document as proof of residence:-

Date of Issue	Details of authority issuing
	certificate.
	Date of Issue

(Signature and Seal of Authorsed Signatory of notified Medical Authority)

Signature/Thumb

impression of the person in whose favour disability certificate is issued.