

Court Fee Stamp as required

APPLICATION FORM FOR ISSUANCE OF

SOCIALLY AND EDUCATIONALLY BACKWARD CASTE CERTIFICATE

Paste Applicant Photo

(Fields marked * are mandatory)

Service Payment Details :

- 1. Service Charges of the kiosk Operator **per Unit** = 18.00
- 2. Printing Charges **per unit** = 10.00
- 3. Scanning Charges **per unit** = 5.00
- 4. The Government fees **per unit** = 30.00
- 5. Depts 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 signature

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 State list of SEBC:- _____

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 Serviv

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-1post: _____

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 / SmtSon 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