## CERTIFICATE FOR DECEASED OR DISABLED OR DISCHARGED MILITARY PERSONNEL, EX-SERVICEMEN OF FORCES

Certified that Number Rank Name Son of Father of Resident of Village Post Office Tehsil

Distt. belonging to the State ofHaryana has served in the Army / Air Force /Navy (Name of the Para-Military Force) from to and subsequently invalided out of service as under:

1. Medical Category
   1. For JCO's
   2. For ORS: Shape-I, II, III etc.
   3. For Rank/Designation (in case of Para Military Forces)
2. Reason of discharge/retirement
3. Death whether killed in action or any other reason
4. If killed in action name of the war/operation
5. Disabled: Whether disabled during the war/operation (name)
6. Nature of disability
   1. Whether permanent i.e. for life
   2. Whether temporary Upto what extent) Next RSMB IS DUE Name of Records

Case No. Date

Signature of the issuing authority with designation and official

seal and stamp

**Note:** Only the certificate issued by the Officer duly authorized by the Army / Navy / Air Force / Concerned Para-Military Force Headquarters, as the case may be, shall be entertained.

## HARYANA RESIDENT CERTIFICATE

**(For bonafide Residents of Haryana only)**

Certified that Mr./Ms. son/daughter of Sh.

R/O (complete address)

since and applicant for admission to various Diploma Courses in Haryana is a bonafide resident of Haryana State in terms of Chief Secretary to Govt. of Haryana letter No. 62/17/95-6 GS1 dated 3.10.96 and letter No. 62/27/2003/6 GS1 dated 29.7.2003 under clause.

**No. Date:** Place:

**Note:**

**(Signature of the attesting authority) Name** Designation

(With legible office seal)

1. For authorities competent to sign this certificate, please see Annexure-I.
2. The candidate, who have passed their qualifying examinations from the Board of Haryana are not required to produce Certificate of Haryana Resident.

**CERTIFICATE FROM THE EMPLOYER IN THE CASE OF EMPLOYEES OF GOVT. OF HARYANA, MEMBERS OF ALL INDIA SERVICES BORNE ON HARYANA CADRE, EMPLOYEES OF STATUTORY BODIES / CORPORATION**

Certified that Mr./Ms. son/daughter/wife of Sh. is serving as a Regular /Adhoc / Contract employee of Govt. of Haryana / Members of All India Services Borne on Haryana cadre / Regular / Adhoc / Contract employees of Statutory Body / Corporation established by or under an Act of State of Haryana.

**Presently, he/she is posted as in the**

**Department at (place of posting).**

**Mr./Ms.**

**is his/her son/ daughter/dependent (if parents are not living), seeking admission in various diploma courses in Haryana for session 20…….**

No.

Dated: Place:

Signature of Employer Designation

(Legible Seal)

Strike out whichever is not applicable.

## Haryana Government

**Photo of Applicant to be attested by the Issuing Authority**

**Certificate Sr. No………../Year………../Tehsil………….**

## SCHEDULED CASTE – CERTIFICATE

This is to certify that Shri/Smt./Kumari Son/daughter of Shri resident of

village/town

Tehsil

District

of the

State/Union Territory belongs to the Caste/Tribe, which is recognized as a Scheduled Caste/ Scheduled tribe under the Constitution (Scheduled Castes) order, 1950.

2. Shri/Smt./Kumari and/or his/her family ordinarily reside(s) in

Village/Town

of Tehsil

District

of the

State/Union Territory .

Place…………………

Date…………………..

Signature with seal of Issuing Authority Full Name…………………………….

Designation…………………………..

Address with

Telephone No. with code……………..

* **Issuing Authority:** Tehsildar-cum-Executive Magistrate,

Naib Tehsildar-cum-Executive Magistrate.

Head of Department in case of Government employees

* Strike out the paragraph which is not applicable.
* For instructions refer to [www.csharyana.gov.in](http://www.csharyana.gov.in/)

## Haryana Government

**Photo of Applicant to be attested by the Issuing Authority**

**Certificate Sr. No………../Year………../Teh………….**

## BACKWARD CLASS CERTIFICATE

This is to certify that Shri/Smt./Kumari Son/daughter of Shri resident of village/town Tehsil District of the State/Union Territory belongs to the Caste. This caste is mentioned in the State list of BC Block .

**(The applicant shall submit an affidavit that he/she falls/does not fall in creamy layer)**

1. Shri/Smt./Kumari and/or his/her family ordinarily reside(s) in

Village/Town of Tehsil District of the State/Union Territory .

1. This is to certify that he/she does not belong to the person/section (Creamy layer) as per State Govt. letter No. 1170-SW(1)-95 dated 7-6-1995, No. 22/36/2000-3GS-III dated 09.08.2000, No. 213-SW(1)-2010 dated 31-08-2010 & No. 22/22/2004-3GSIII dated 06.01.2014.

Place…………………

Date…………………..

Signature with seal of Issuing Authority Full Name…………………………….

Designation…………………………..

Address with

Telephone No. with code……………..

* **Issuing Authority:** Tehsildar-cum-Executive Magistrate,

Naib Tehsildar-cum-Executive Magistrate.

Head o Department in case of Government employees

* Strike out the paragraph which is not applicable.
* For instructions refer to [www.csharyana.gov.in](http://www.csharyana.gov.in/)

## AFFIDAVIT

**(BY THE PARENTS OF THE BACKWARD CLASS CATEGORY CANDIDATES)**

I Father/Mother of Resident of

Tehsil District

seeking admission to Diploma coursess in Haryana do hereby solemnly affirm and declare that I belong to \_ Caste, which is included in the list of Backward Classes Block 'A' / 'B' approved by the Haryana Govt. I further declare and affirm that I and my wife / husband are not covered under the criteria fixed by Haryana Govt. vide letter No. 1170/SW (1)-95 dated 7-6-95 & No. 22/22/2004-3GSIII dated 06.01.2014 for excluding socially advanced persons / sections (Creamy Layer) from Backward Classes.

I further undertake that in case the information contained in the above para is found false at any stage, the Competent Authority will be entitled to cancel the admission.

Dated: Place:

**DEPONENT**

**VERIFICATION**

**Verified that the above statement is true and correct to the best of my knowledge and belief and nothing has been concealed therein.**

Dated: Place:

**DEPONENT**

## MEDICAL CERTIFICATE FROM PHYSICALLY HANDICAPPED CANDIDATES OFFICE OF THE CHIEF MEDICAL OFFICER

No. Dated

Certified that Shri/Km./Smt./

son/daughter/wife of Shri resident of

District appeared before the Medical Board for medical check up. On his/her Medical Examination, it is found that the nature of handicap/disability is % and is as under:

Thus the candidate is physically handicapped as per standard norms of Haryana.

(Signature of the Applicant)

Dated: Place:

Chief Medical Officer

Haryana (Seal of the above authority)

* The handicap disability should not be less than 40% and should not interfere with the requirement of professional Diploma Courses.

# ANNEXURE -VIII

## CERTIFICATE REQUIRED TO BE FURNISHED BY CHILDREN/GRAND CHILDREN OF FREEDOM FIGHTERS

Certified that Shri Son / Daughter of Sh. resident of (complete address) Free dom Fighter of Haryana (Identity No. ) is Father/Grand Father of Mr. /Ms. of Village / Town Police station

Tehsil District

No. Date: Place:

Deputy Commissioner of concerned District of Haryana

(SEAL OF OFFICE)

# ANNEXURE –IX

## CERTIFICATE OF MEDICAL FITNESS

(TO BE DEPOSITED AT THE TIME OF JOINING)

**To be obtained only from Gazetted Government Medical officer/Medical Officer of a Government Undertaking. Please note that in no other form this certificate will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.**

(Please refer to prescribed standards given overleaf)

Name: ...................................................................................................................................................

(In Block Letters)

Father’s Name: Sh. .................................................................................................................................

Height: ....................................................................... Weight ………………….............................................

Chest: ...................................................................................................................................................

Heart and Lungs: ..................................................................................................................................

Vision: L: .................................................. R: ........................................................................................

Colour Vision: ........................................................................................................................................

Hearing: ................................................................................................................................................

Hernia/Hydrocele/Piles: .........................................................................................................................

Remarks: ...............................................................................................................................................

I certify that I have carefully examined

Mr. /Ms............................................................... Son/daughter of Shri who

has signed in my presence. He/she has no mental and physical disease and is FIT.

Signature of the candidate

Station: .................................... Signature of the Medical Officer

Date : .................................... with legible seal.

## PRESCRIBED MEDICAL STANDARDS FOR ADMISSION

A Diploma Courses profession demands good physique and stamina. An applicant who suffer from any organic defect or does not have sound health so as to bear the strain of the course which must be heightened in his/her professional life would be well advised not to take up the Diploma Courses Profession. He/she must fulfil the following medical standards.

* HEIGHT: Not less than 1.5 meter for male candidates, and not less than 1.2 meters for female candidates.
* WEIGHT: 41 kg. Approximately for male candidates and 37Kg. approximately for female candidates
* CHEST MEASUREMENT: Not less than 69 cms. with satisfactory limit of expansion and contraction for male candidates only.
* HEART and LUNGS: No abnormality
* HARNIA, HYDROCELE and Presence of these is a temporary disqualification to be rectified before joining the course of study.
* VISION: Normal, where defective, it must be corrected to 6/9 in the better eye and 6/12 in the worse eye. Eye should be free from congenital and other disease. In case of admission to **Textile Courses,** the candidates must also be free from colour blindness (inability to distinguish between principal colours).
* HEARING: Normal, Where defective, it must be corrected.

## CHARACTER CERTIFICATE

Certified that Mr./Miss/Mrs. Son/daughter of

Shri has been a bonafide student of this institution during the period He/She appeared in the

Examination of the institution/Board held in under Roll No. and \*passed obtaining Marks out of marks or \*failed **/** \*placed under compartment in the subject of

.

1. Academic Distinction, if any
2. Co-curricular activities, if any
3. Brief particulars of disciplinary action by Institution/Board including punishment such as Expulsion, warning, Fined for violation of hostel rules. UMC/disqualification etc., if any

.

1. General Conduct during stay in the institution: Good/Satisfaction/Unsatisfactory
2. He/She bears good/bad Character.

No. Date:

Signature Principal (with office seal)

\*Strike out whichever is not applicable

## CERTIFICATE FOR THE EX-EMPLOYEES OF INDIAN DEFENCE SERVICES

Certified that Number Rank Name

S/o or D/o Father/

Mother of Resident of Village

Post Office Tehsil Distt. belonging to the State of Haryana as per his/her service record at the time of entry into service, had served in the Army / Air Force / Navy (Name of the Para-Military

Force) from

to

and subsequently

discharged/retired from the service on as per his/her service record at the time of entry into service the home address given is (Distt. ) Haryana.

Place Date

Signature Officer Commanding/ Competent Authority

(with Official Seal)

(Strike out whichever is not applicable)

**AFFIDAVIT BY THE STUDENT**

I, (full name of student with admission/registration/enrolment number) S/o / d/o /Mr./Mrs./Ms

1. having been admitted to (name of the institution) have received a copy of the AICTE regulations on Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulation and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
   1. I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
   2. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

**Declared this day of month of year**

**Signature of Deponent**

**Name**

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month) (year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) of month, (year) after reading the contents of this affidavit.

**OATH COMMISSIONER**

**AFFIDAVIT BY PARENT/GUARDIAN**

I*,* (full name of parent/guardian) Mr./Mrs./Ms. father / mother/guardian of (full name of student with admission

/registration/enrolment number),

1. having been admitted to (name of the Institution), have received a copy of the AICTE regulations on Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
   1. My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
   2. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my word is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my word has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission my word is liable to be cancelled.

Declared this day of month of year

**Signature of Deponent Name:**

**Address:**

**Telephone/Mobile No:**

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month) and (year)

**Signature of Deponent**

Solemnly affirmed and signed in my presence on this the (day) of month year after reading the contents of the affidavit.

**OATH COMMISSIONER**

**ANNEXURE-XIV HARYANAGOVERNMENT**

Photo of applicant to be attested by the Issuing Authority.

**Certificate Sr. No………………/Year…………/The……..**

### SPECIAL BACKWARD CLASS CERTIFICATE

1. This is to certify that Shri/Smt./Kumari Son/daughter of Shri. resident of village/town Tehsil District of the State/Union Territory belongs to the

Caste. This caste has been declared as Special Backward Class by the State Government vide letter No. 22/10/2013-1GS-III dated 28.02.2013.

1. Shri/Smt/Kumari and/or his/her family ordinary reside in

Village/Town of Tehsil District of the State/Union Territory .

1. This is to certify that he/she does not belong to the person/section(Creamy layer) as per State Govt. letter No. 1170-SW(1)-95 dated 7-6-1995, No. 22/36/2000-3GS-III dated 09.08.2000 & No. 213-SW(1)- 2010 dated 31-8-2010.
2. This is certificate has been issued keeping in view State Government instructions relating to this subject issued from time to time.

Place……. Date……..

Signature with seal of Issuing Authority

Full Name…………………………….

Designation…………………………..

Address with Telephone No. with code…

* **Issuing Authority:** Tehsildar-cum-Executive Magistrate,

Naib Tehsildar-Cum-Executive Magistrate,

Head of Department in case of Government employees.

* Strike out the paragraph which is not applicable
* For instructions refer to [WWW.csharyana.gov.in](http://www.csharyana.gov.in/)

### ANNEXURE-XV HARYANA GOVERNMENT

Photo of Applicant to be attested by the Issuing Authority

**Certificate Sr. No………………/Year…………/Teh………….**

### CERTIFICATE FOR ECONOMICALLY BACKWARD PERSON IN THE GENERAL CASTES CATEGORY

This is to certify that Sh./Smt./Kumari Son/Daughter of Sh.

resident of Village/Town

Tehsil

District

State/Union Territory

Caste

belongs to the category of Economically Backward Person in the General Castes Category.

This certificate has been issued in accordance with the Haryana Government notification NO. 60SW (1)-2013 dated 23.1.2013 issued by Welfare of SC & BC Department and letter NO. 22/10/2013-1GS-III dated 28.2.2013 and other instructions issued in the matter from time to time.

Place

Signature with Seal of Issuing Authority Full Nmae: \_ Designation: Address:

Tel. No. with Code: Date:

* **Issuing Authority:** Tehsildar-cum-ExecutiveMagistrate,Naib Tehsildar-cum- Executive Magistrate, Head of Department in case of Government employees
* Strike out the paragraph which is not applicable.
* For instruction refer to [www.csharyana.gov.i](http://www.csharyana.gov.in/)n