



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



ANNEXURE - B

APPLICATION FORM FOR CERTIFICATE OF ELIGIBILITY FOR RESERVATION
OF JOBS FOR THE OTHER BACKWARD CLASSES IN CIVIL POSTS AND SERVICES UNDER
CENTRAL GOVT. OF INDIA

Sir,

I request you a CERTIFICATE in respect of Reservation for BACKWARD CLASSES in civil POSTS & SERVICES under Government of India be granted to me.

I. Given below of the necessary particulars

1. Full name of the Applicant

(In BLOCK LETTERS)

2. Gender :
3. Date of Birth :
4. Complete Resident Address :

a) PERMANENT

D. No: Locality: Village:
Mandal: District: Pin code:

b) PRESENT (Postal Address)

D. No: Locality: Village:
Mandal: District: Pin code:

5. Religion :
6. Caste :
7. Sub-Caste :
8. Issued Caste Certificate In Past : YES/NO
9. Education Certificate Contains Caste : YES/NO
10. Occupation Group :
11. SERIAL NUMBER of the Caste in the CENTRAL LIST OF OBCs :
12. Name of the Father :
13. Name of the Mother :
14. Name of the Husband :
15. Status of the Parents(S) / Husband : Father/ Husband Mother/ wife

- a) Constitutional Posts :
b) Designation :
c) I) Services: CENTRAL / STATE :
ii) Designation :
iii) Scale of Pay, including Clarification if any :
iv) Date of Appointment of Post :
v) Age of the time of Promotion :
To Class I post (if applicable) :

II. EMPLOYMENT IN INTERNATIONAL ORGANISATION E.G., U.N., UNICEF, WHO

- i) Name of the Organization :
ii) Designation :
iii) Period of Service : FROM TO
(Indicate Date)

P.T.O

III. A. DEATH / PERMENT INCAPACITION (OMIT IF NOT APPLICABLE)

- i. Date of death / Permanent Incapacitation putting an Officer Out of Service :
- ii. Details of permanent incapacitation :

B. EMPLOYMENT IN PUBLIC SECTOR UNDERTAKING ETC.,

- i. Name of the Organization :
- ii. Designation :
- iii. Date of appointment to the Post :

C. ARMED FORCES INCLUDING PARA MILITARY FORCES (THIS WILL NOT INCLUDE PERSONS HOLDING CIVIL POSTS)

- i. Designation :
- ii. Scale of Pay :

D. PROFESSIONAL CLASS (OTHER THAN THOSE COVERED IN THE ITEM NOS. B&C AND THOSE ENGAGED IN TRADE, BUSINESS AND INDUSTRY)

- i. Occupation / Profession :

E. PROPERTY OWNERS:

- I. Agricultural land holding owned by mother / father and minor Children :
- i. Location :
- ii. Size of holding :
- iii. a) IRRIGATED (TYPE OF IRRIGATION LAND)
 - i)
 - ii)
 - iii)
 - b) UNIRRIGATED
 - iv) Percentage of Irrigated Land Holding to statutory ceiling Limit under State Land Ceiling Land :
 - v) If land holding is both irrigated / unirrigated total irrigated land Holding on the basis of conversion Formula in State Land Ceiling :
 - vi) Percentage of total irrigated Land holding to statutory ceiling Limit as per (vi) :

TO BE CERTIFIED DISTRICT REVENUE OFFICER NOT LOWER THAN MANDAL REVENUE OFFICER / TAHSILDAR

II. PLANTATION

- i. Crops / Fruits :
- ii. Location :
- iii. Area of Plantation :

F. III. VACANT LAND AND / OR BUILDING IN URBAN AREA OF URBAN AGGLEMERATION

- i. Location of Property :
- ii. Details of Property :
- iii. Use to which it is put :

G. INCOME / WEALTH

- i. Annual Income from all Source (Family Income) (Excluding Salaries and Income from Agri. Land) :
- ii. Whether Tax Paid : YES / NO
- iii. Whether covered in Wealth Tax Act. (Yes / No) (If so furnish details) :

- 16. Family members consisting :
- 17. Purpose of Caste Certificate :
- 18. Ration Card Number :
- 19. Aadhar Number :
- 20. Any other Information :

21. I certify that the above said particulars are true to the best of my knowledge and belief and that I do not belongs to CREAMY LAYER of OBCs and eligible to be considered for posts reserved for OBCs. In the event of any information being found false or incorrect of ineligibility being detected before off after the selection. I understand that my candidature appointment is liable to be cancelled and I shall be liable to such further action as may be provided under law /or rules.

Yours faithfully,

Place:
Dated:

Signature of the Candidate

Procedure (following to be enclosed)

- 1) Application *
- 2) Ration Card/Aadhar Card/EPIC Card #
- 3) Applicant Father/Mother property particulars #
- 4) Applicant Father/Mother Employment Particulars/Income Tax returns (for professionals) *

Contact Details

Land Line Number:
Mobile Number:
E- Mail ID:

(*-mandatory #-any one of them)