<b>SCHEDULE</b>	-	I
ANNEXURE	_	1

	MANAGEMENT OF THE PROPERTY OF
(As per the admission rule for MBBS/BDS courses	this certificate is to be issued only to one i.e. in the
name of the candidate or his  her father mother	whoever is residing in Assam continuously for a
minimum peri	od of 20 years).

## PERMANENT RESIDENCY CERTIFICATE OF CANDIDATE OR HIS/HER FATHER/MOTHER

(Certificate of 20 years of continuous Residency in Assam)

	This is to certify that	t the following person:		
	Name:			
	Relation of the above	ve person with the candidate	- the candidate himself or he	rself /
father of the	e candidate / mother of t	he candidate (give tick mark at	the proper relation)	
×	Is residing in villag	e/Town	PO	
PS	, Mouz	a,	District	of
Assam cont	inuously for	years as per avail	able documents and records.	
This	s certificate is issued only	y for admission into Education	al Institutions.	
			ssioner or his/her authorized Oncerned District	fficer
Date:		Full Name of the Certifying	Officer	••••

### SCHEDULE - I ANNEXURE - II

#### CERTIFICATE OF STUDY IN ASSAM BY THE CANDIDATE

(Separate Certificate in this format shall have to be submitted if studied at more than one school. Please do photocopies of this format accordingly before filling it up)

Name of Candidate

Name of Father	:		
Name of Mother	:		
Residential Address	:		
Contif	ad that the chose named acc	didata/manaan bas atu d	10-1 (n L 1 1 L . /L
			lied in my school and his/her
particulars during his/i	er study in my school as ob	tained from school reco	ords is given below -
	p		
Date of Admission:		***************************************	
Class in which admitte	d :	***************************************	
Class in which candida	te left school:	***************************************	
Date of leaving School	:		
Reason for leaving Sch	ool :	*******	
1. Completed of			
	to other School		
3. Any other re	ason		
The in	formation provided above ar	e true to my knowledg	e and belief and records.
Full Signature of the H	ead Master/Principal		
_			
Seal with date			
Full Name of the Head	Master/Principal		
INSTRUCTION:			
Certificate without the	signatures as specified abov	e shall not be accepted	

### <u>SCHEDULE - I</u> <u>ANNEXURE - III</u>

## CERTIFICATE OF CASTE FOR THE CANDIDATES BELOING TO OBC/MOBC CATEGORY (NON CREAMY LAYER)

Name of Candida	ate :	
Name of Father	;	
Name of Mother	;	
Residential Addr	ess : Village:	
	PO	
	PS	
	Sub-Division	
	District	
	PIN	
	Certified that the above named candidate/person belongs t	
Other Backward	Classes and his/her Sub-Caste is	and community is
***********	*	
Layer of OBC/M	Chis is also certified that the above named person falls OBC.  Chis certificate is issued to the candidate after making proper of Assam and guidelines issued by Govt. of India from	per enquiry to his/her caste status as
	dentifying Authority Identifying Authority	
		the DC / SDO of the concerned ict/ Sub-Division
	Full Name of the C	Certifying Officer
	Date:	***************************************
INSTRUCTION.	C ·_	
	ste and/ or Community in the certificate must be mention	ed
b) Certifi	cate without signature of both the Authorities / Officers s	hall not be accepted.
	ure of any one of the following Identifying Authority is a	must-
	Chairman of Sub-Divisional Dev. Board for the Welfare of espective Sub-Division.	i the Other Backward Class within
	Member of All Assam State Advisory Council for the Wei	fare of the Other Backward Classes

within the respective District to which the Member belongs.

the respective jurisdiction

(iii)

(iv)

President / Secretary of All Assam Other Backward Class Association within the jurisdiction

President / Secretary of District/Sub-divisional Other Backward Classes Association within

### **SCHEDULE - I ANNEXURE - IV** CERTIFICATE OF CASTE FOR THE CANDIDATES BELOING TO SC CATEGORY

Name of Candidate	<b>:</b>	
Name of Father	; · · · · · · · · · · · · · · · · · · ·	
Name of Mother	:	
Residential Address	: Village:	
	PO	
	PS	
	Sub-Division	
	District	
	PIN	
	Certified that the above named candidate/person belongs to Scheduled Caste and	ď
his/her Sub-Caste is	and community is	-
	ertificate is issued to the candidate after making proper enquiry to his/her caste st assam and guidelines issued by Govt. of India from time to time.	atus as
Signature of the Identit	zing Authority	
Full Name of the Ident	fying Authority	
Date with seal	Signature of the Sub-Divisional Office	r of the
	concerned Sub-Division	
	Date with seal	******
	Signature of the DC of the concerned District	
	Date with seal	
LNSTRUCTIONS:-		
***************************************	nmunity in the certificate must be mentioned.	
b) Certificate without s	gnature of both the Authorities / Officers shall not be accepted.	
	of the following Identifying Authority is a must-	

- - President / Vice-President of the Assam Anusuchit Jati Parishad. (ii)
  - President of District level Assam Anusuchit Jati Parishad. (iii)
  - President of Sub-Divisional level Assam Anusuchit Jati Parishad. (iv)
  - (v) President / Vice-President of All Assam Mali Samaj.
  - President of District Committee of All Assam Mali Samaj. (vi)
  - President of Sub-Divisional Committee of All Assam Mali Samaj. (vii)
  - President/Secretary All Assam Schedule Caste Dhobi People Welfare Council.

# SCHEDULE - I ANNEXURE - V CERTIFICATE OF CASTE FOR THE CANDIDATES BELOING TO ST(P)/ ST(H) CATEGORY

Name of Candidate	:	
Name of Father	•	
Name of Mother	:	
Residential Address	;	Village:
		PO
		PS
		Sub-Division
		District
<b>X</b>		PIN
Certified that	the abov	re named candidate/person belongs to (Name of the tribe)
		which is recognized as
		r the Constitution (Schedule Tribes) order 1950 as amended from time to time.
		d to the candidate after making proper enquiry to his/her caste status as per guidelines issued by Govt. of India from time to time.
prevailing rules of Ass Signature of tl	sam and g ne Preside	
prevailing rules of Ass Signature of tl All Assam Tribal Sang	sam and g ne Preside gha/ Distr	guidelines issued by Govt. of India from time to time.
prevailing rules of Ass Signature of tl All Assam Tribal Sang	sam and g ne Preside gha/ Distr atory	ent/Vice-President of rict Unit of Assam Tribal Sangha
prevailing rules of Ass Signature of tl All Assam Tribal Sang Full Name of the Sign	sam and g ne Preside gha/ Distr atory	ent/Vice-President of rict Unit of Assam Tribal Sangha
prevailing rules of Ass Signature of tl All Assam Tribal Sang Full Name of the Sign	sam and g ne Preside gha/ Distr atory	ent/Vice-President of rict Unit of Assam Tribal Sangha
prevailing rules of Ass Signature of tl All Assam Tribal Sang Full Name of the Sign	sam and g ne Preside gha/ Distr atory	ent/Vice-President of rict Unit of Assam Tribal Sangha  Counter Signature of the DC of the concerned District
prevailing rules of Ass Signature of tl All Assam Tribal Sang Full Name of the Sign	sam and g ne Preside gha/ Distr atory	ent/Vice-President of rict Unit of Assam Tribal Sangha  Counter Signature of the DC of the concerned

## SCHEDULE - I ANNEXURE - VI CERTIFICATE FOR TGL/Ex- TGL COMMUNITY

This is to certify that Shri / Smti	
son / daughter of Shri / Smti	
Village P.S.	Sub- Divn
Dist of Assam belong	gs to the TGL / Ex-TGL Communities of Assam.
Counter Signature of Director of Tea	Signature of Deputy Commissioner/
Welfare Government of Assam Seal with Date:	his authorised signatory of the Concerned District
Soul Will Duto	Seal with Date:
	water and it is a second

**INSTRUCTION**:- Certificate without signature of both the Authorities / Officers shall not be accepted.

## SCHEDULE - I ANNEXURE - VII CERTIFICATE IN CASE OF CANDIDATE APPLIED AGAINST CHAR AREA QUOTA

This is to certify that Shri / Smti	son/daughter
of	of Village
P.O under P.S	of District
belongs to a Socially, Economically and Educa	tionally Backward family ordinarily residing at
which is covered by	the Assam State Char Area Devlopment Authority.
The name of the father / mother of Shri / Smti	is in the
voter list prepared by the appropriate authority .	L.A.C. and in the
village at Serial No	of the voter list published
in the year	
***************************************	
Signature	Signature of DC / SDO (C) of
Designation	Concerned District / Sub-Division
(Assam State Char Area Development Authority)	
(Office Seal)	(Office Seal)
*	

<u>INSTRUCTION</u>:- Certificate without signature of both the Authorities / Officers shall not be accepted.

#### <u>SCHEDULE - I</u> ANNEXURE - VIII

## (Certificate for reservation of son / daughter of Ex-servicemen / Serving Defence Personnel hailing from Assam)

This is to certify that Sri.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tathe
of Shri/ Smti		unde
P.O	P.S	sub-division in
the district of	has served / is serving under the	e Indian Army / Navy / Airforce ir
the rank of		
	· · · · · · · · · · · · · · · · · · ·	
Counter Signature of		Signature of Competent
Director of Sainik welfare, Assan	n	Authority
Seal with Date	S	Seal with Date

<u>INSTRUCTION:</u>- Certificate without signature of both the Authorities / Officers shall not be accepted. Competent Authority in case of Ex-Servicemen is the Director, Sainik Welfare, Assam and Competent Authority in case of Serving Defence personnel is the commanding officer of the concerned unit of Army / Navy / Airforce.

### SCHEDULE - I

## CERTIFICATE OF SON / DAUGHTER / BROTHER / SISTER OF PERSON KLLLED IN EXTREMIST VIOLENCE OF ASSAM

(strike off which is not applicable)

Name of Candidate	:	
Name of Father	1	
Name of Mother	:	
Residential Address	:	Village:
		PO
		PS
		Sub-Division
		District
		PIN
at	••••	who was killed in extremist violence in the year
Signature of Police Of	ficer	Signature of DC / SDO (C) of Concerned
Case No		District / Sub-Division
under P.S.		
under 1 .5	••••	Seal with Date:
Seal with Date:	*********	<b></b>
<i>INSTRUCTION</i> :- Ce	rtificate	e without signature of both the Authorities /Officers shall not be accepted.

### SCHEDULE - I ANNEXURE - X

### CERTIFICATE OF SON / DAUGHTER / BROTHER / SISTER OF MARTYRS OF ASSAM MOVEMENT

Name of Father :  Name of Mother :  Residential Address : Village:  PO	the Son/ Daughter / Brother/ Sister (strike off which
Residential Address : Village:	the Son/ Daughter / Brother/ Sister (strike off which
PO	the Son/ Daughter / Brother/ Sister (strike off which
PS	the Son/ Daughter / Brother/ Sister (strike off which
Sub-Division	the Son/ Daughter / Brother/ Sister (strike off which
District	the Son/ Daughter / Brother/ Sister (strike off which
Certified that the above named candidate/person is the Son/ Daughter / Brother/ Sister (strike off which is not applicable) of Late	the Son/ Daughter / Brother/ Sister (strike off which
Certified that the above named candidate/person is the Son/ Daughter / Brother/ Sister (strike off which is not applicable) of Late	the Son/ Daughter / Brother/ Sister (strike off which
is not applicable) of Late	(Name of the Martyr of Assam
is not applicable) of Late	(Name of the Martyr of Assam
is not applicable) of Late	(Name of the Martyr of Assam
Movement) who was the in the yearat	
PS	atunder
Signature of Police Officer Signature of DC/ SDO © of Concerned District / Sub-Case No	
Signature of Police Officer Case No	
Signature of Police Officer  Case Nounder P.S  Signature of DC/ SDO © of Concerned District / Sub-Division	Tark to the second of the seco
Signature of Police Officer  Case Nounder P.S  Signature of DC/ SDO © of Concerned District / Sub-Division	
Signature of Police Officer  Case Nounder P.S  Signature of DC/ SDO © of Concerned District / Sub-Division	
Signature of Police Officer  Case Nounder P.S  Signature of DC/ SDO © of Concerned District / Sub-Division	
Signature of Police Officer  Case Nounder P.S  Signature of DC/ SDO © of Concerned District / Sub-Division	
P.S	<del>-</del>
Date	
Date	IVISIOII
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Seal	