

**ANNEXURE – I: MEDICAL CERTIFICATE**

<b>MEDICAL CERTIFICATE</b> <b>(to be issued by a Registered Medical Practitioner)</b>					
<b><u>GENERAL EXPECTATIONS</u></b>					
Candidates should have good general physique. In particular,					
1. Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.					
2. Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and unocular (having vision in only one eye) persons are restricted from admission to certain courses.					
3. Hearing should be normal. Defective hearing should be corrected.					
4. Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.					
1.	Name of the candidate:				
2.	Identification Mark (a mole, scar or birthmark), if any				
3.	Major illness/operation, if any (specify nature of illness/operation)				
4.	Height in cm:	Weight in kg:	Blood Group:		
5.	Past History	(a) Mental illness (b) Epileptic Fit			
6.	Chest (a) Inspiration in cm		(b) Expiration in cm		
7.	Hearing				
8.	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Unocular vision (having vision in only one eye)
9.	Respiratory System				
10.	Nervous System				
11.	Heart	(a) Sounds		(b) Murmur	
12.	Abdomen (a) Liver (b) Spleen	Hernia		Hydrocele	
13.	Any other defects:				
<b>Certificate of Medical Fitness</b>					
<input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceutics/ Science Course					
<input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:					
_____					
Name of the Doctor		Signature	Registration number	Seal	

## ANNEXURE –II: Undertaking by the candidate

I \_\_\_\_\_ son/daughter of Mr/Mrs. \_\_\_\_\_ bearing JEE (Advanced) 2020 Roll No. / JEE (Main) 2020 Application No. [*Strike off whichever is not applicable*] \_\_\_\_\_ AIR \_\_\_\_\_ under CRL and \_\_\_\_\_ under GEN-EWS/OBC-NCL/SC/ST (encircle whichever is applicable) category and \_\_\_\_\_ Rank under PwD sub-category (if applicable) do undertake the following:

1. I accept the offer of provisional admission to:  
Course Name: \_\_\_\_\_  
Institute Name: \_\_\_\_\_
2. Freeze, slide OR float (ONLY for those who were NOT allocated their first choice):
  - I hereby “freeze” my choice. Do not consider me in the subsequent rounds of allocation.
  - I am willing to accept admission to an academic program of my higher preference choice(s) in the choice list submitted by me, provided the academic program is in the same Institute (as in #1 above) [slide option].
  - I am willing to accept admission to any academic program of my higher preference choice(s) in the choice list submitted by me [float option].
3. I declare myself eligible for admission to IITs/NITs/IIEST/IIITs/O-GFTIs as I have passed the qualifying examination with required set of subjects in 2018/2019/2020.
4. I understand that my admission will stand cancelled in case this information is found to be incorrect at any later stage. I will submit original documents in proof of all my claims at the time of online reporting at the admitting Institute.
5. I am well aware of Fee Structure and waiver applicable at the Institutes which I have opted as my choices for seat allocation.
6. [In case of not producing a valid category certificate] I agree to change of my category from \_\_\_\_\_ to \_\_\_\_\_.
7. [In case of not producing a valid PwD certificate] I agree to change of my category from X-PwD \_\_\_\_\_ to \_\_\_\_\_.
8. [In case State Code of Eligibility was wrong] I agree to change the state code of eligibility from \_\_\_\_\_ to \_\_\_\_\_.
9. All information furnished by me are true to the best of my knowledge and belief. In the event of suppression or distortion of any fact, I understand that my admission/degree acquired is liable to cancellation at any point of time. I also understand that the decision of JAB/CSAB regarding my admission to any of the Institutes is final and I shall abide by the rules and norms of the discipline of the Institute I join.

Name & Signature of the Parent / Guardian.  
(with date)

Signature of the candidate  
(with date)

**SWITCHOVER BETWEEN FLOAT, SLIDE AND FREEZE**

Name of the Candidate:	
JEE (Main) 2019 Application Number:	
Seat Allotment Round No:	
Current Option (Float/Slide):	
Current Seat Information:	
Course Name:	
Institute Name:	
Option for Further Rounds (Slide/Freeze)*:	

\*A candidate can change from float to slide/freeze and from slide to freeze by reporting at a reporting centre.

I am aware of the business rules related to freeze, float and slide options and I would like to change the option as specified above for further rounds of seat allotment.

**Signature of the candidate (with date)**

Endorsed by:

**Name & Signature of the Parent / Guardian (with date)**

**ANNEXURE – III: Form of Certificate To Be Produced By Scheduled Castes And Scheduled Tribes Candidates (FORM SC/ST)**

1. This is to certify that Shri/ Shrimati/Kumari\* \_\_\_\_\_ son/daughter\* of \_\_\_\_\_ of Village/Town\* \_\_\_\_\_ District/Division\* \_\_\_\_\_ of State/Union Territory\* \_\_\_\_\_ belongs to the \_\_\_\_\_

Scheduled Caste / Scheduled Tribe\* under: -

- \* The Constitution (Scheduled Castes) Order, 1950
- \* The Constitution (Scheduled Tribes) Order, 1950
- \* The Constitution (Scheduled Castes) (Union Territories) Order, 1951
- \* The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

- \* The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;
- \* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;
- \* The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;
- \* The Constitution (Dadara 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 (Jammu and Kashmir) Scheduled Tribes Order, 1989;
- \* The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- \* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- \* The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991;

2. #This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes\* Certificate issued to Shri /Shrimati\* \_\_\_\_\_ father/mother\* of Shri /Shrimati /Kumari\* \_\_\_\_\_ of Village/Town\* \_\_\_\_\_ in District/Division\* \_\_\_\_\_ of the State State/Union Territory\* \_\_\_\_\_ who belong to the Caste / Tribe\* which is recognised as a Scheduled Caste / Scheduled Tribe\* in the State / Union Territory\* \_\_\_\_\_ issued by the \_\_\_\_\_ dated \_\_\_\_\_.

3. Shri/ Shrimati/ Kumari \* \_\_\_\_\_ and / or\* his / her\* family ordinarily reside(s)\*\* in Village/Town\* \_\_\_\_\_ of \_\_\_\_\_ District/Division\* of the State Union Territory\* of \_\_\_\_\_.

Signature: \_\_\_\_\_  
Designation \_\_\_\_\_  
(with seal of the Office)

Place: \_\_\_\_\_ State/Union Territory\* \_\_\_\_\_  
Date: \_\_\_\_\_

\* Please delete the word(s) which are not applicable.

# Applicable in the case of SC/ST Persons who have migrated from another State/UT.

**IMPORTANT NOTES**

The term "ordinarily reside(s)\*\*\*" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshdweep Island).
6. Certificate issued by any other authority will be rejected.

**ANNEXURE –IV: OBC-NCL Certificate Format**

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

***(This certificate must have been issued on or after 1<sup>st</sup> April 2020)***

This is to certify that Shri/Smt./Km\* \_\_\_\_\_  
Son/Daughter\* of Shri/Smt.\* \_\_\_\_\_  
\_\_\_\_\_ of Village/Town\* \_\_\_\_\_ District/Division\*  
\_\_\_\_\_ in the State/Union Territory  
\_\_\_\_\_ belongs to the \_\_\_\_\_  
community which is recognized as a backward class under Government of India\*\*,  
Ministry of Social Justice and Empowerment's Resolution  
No. \_\_\_\_\_ dated. \_\_\_\_\_\*\*\*.

Shri/Smt./Km. \_\_\_\_\_ and / or his/her family  
ordinarily reside(s) in the \_\_\_\_\_ District/Division of the  
\_\_\_\_\_ State/Union Territory. This is also to certify that he/she does  
NOT belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the  
Schedule to the Government of India, Department of Personnel & Training O.M. No.  
36012/22/93- Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004  
Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.)  
dated 14/10/2008, again further modified vide OM No.36036/2/2013-Estt(Res) dtd.  
30/05/2014.

District Magistrate /  
Deputy Commissioner /  
Competent Authority

Dated:  
Seal

\* **Please delete the word(s) which are not applicable.**

\*\* **As listed in the Annexure (for FORM-OBC-NCL)**

\*\*\* **The authority issuing the certificate needs to mention the details of Resolution of  
Government of India, in which the caste of the candidate is mentioned as OBC.**

**NOTE:**

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
- District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
  - Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - Revenue Officer not below the rank of Tehsildar' and
  - Sub-Divisional Officer of the area where the candidate and/or his family resides.

**ANNEXURE for OBC-NCL**

Sl. No.	Resolution No.	Date of Notification
1.	No.12011/68/93-BCC(C)	13.09.1993
2.	No.12011/9/94-BCC	19.10.1994
3.	No.12011/7/95-BCC	24.05.1995
4.	No.12011/96/94-BCC	09.03.1996
5.	No.12011/44/96-BCC	11.12.1996
6.	No.12011/13/97-BCC	03.12.1997
7.	No.12011/99/94-BCC	11.12.1997
8.	No.12011/68/98-BCC	27.10.1999
9.	No.12011/88/98-BCC	06.12.1999
10.	No.12011/36/99-BCC	04.04.2000
11.	No.12011/44/99-BCC	21.09.2000
12.	No.12015/9/2000-BCC	06.09.2001
13.	No.12011/1/2001-BCC	19.06.2003
14.	No.12011/4/2002-BCC	13.01.2004
15.	No.12011/9/2004-BCC	16.01.2006
16.	No.12011/14/2004-BCC	12.03.2007
17.	No.12011/16/2007-BCC	12.10.2007
18.	No.12018/6/2005-BCC	30.07.2010
19.	No. 12015/2/2007-BCC	18.08.2010
20.	No.12015/15/2008-BCC	16.06.2011
21.	No.12015/13/2010-BC-II	08.12.2011
22.	No.12015/5/2011-BC-II	17.02.2014

**ANNEXURE-V: GEN-EWS Certificate Format**  
**Government of .....**  
**(Name & Address of the authority issuing the certificate)**

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY  
WEAKER SECTIONS**

CertificateNo. \_\_\_\_\_ Date: \_\_\_\_\_

**VALID FOR THE YEAR 2020-2021**

This is to certify that Shri/Smt./Kumari.....son/daughter/wife of permanent resident of.....Village/Street Post Office.....District.....in the State/Union Territory.....Pin Code.....whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her "family"\*\*\*is below Rs.8 lakhs (Rupees Eight Lakh only) for the financial year 2019-2020. His/her family does not own or possess any of the following assets\*\*\*:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

1. Shri/Smt./Kumari \_\_\_\_\_ belongs to the caste which is not recognized as a Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Recent Passport  
size attested  
photograph of the  
applicant

Signature with seal of Officer \_\_\_\_\_  
Name: \_\_\_\_\_  
Designation: \_\_\_\_\_

**The income and assets of the families as  
mentioned would be required to be certified by  
an officer not below the rank of Tehsildar in  
the States/UTs.**

**\* Note1:** Income covered all sources i.e. salary, agricultural, business, profession, etc.

**\*\* Note2:** The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

**\*\*\* Note3:** 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.

**ANNEXURE –VI: Form of Medical Certificate for Persons with Disabilities (PwD)**

**Form-II**

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)  
 (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

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

Certificate No.....Date:.....

This is to certify that I have carefully examined Shri/Smt./Km.....

Son/wife/daughter of Shri..... Date of Birth (DD/MM/YY).....

Age.....Years, male/female.....Registration No..... Permanent resident

of House No..... Ward/Village/Street..... Post

Office..... District..... State.....

whose photograph is affixed above, and am satisfied that:

1. he/she is a case of:
  - a. Locomotor disability
  - b. Blindness  
 (Please tick as applicable)
2. The diagnosis in his/her case is \_\_\_\_\_
3. He/She has \_\_\_\_\_ % (in figure) \_\_\_\_\_  
 Percent (in words) permanent physical impairment/blindness in relation to his/her \_\_\_\_\_  
 (part of body) as per guidelines (to be specified).
4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

Signature / Thumb  
 impression of the  
 person in whose  
 favour disability  
 certificate is issued

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



### Form-III Disability Certificate (In cases of multiple disabilities)

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

(See rule 4)

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

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum.....  
.....son/wife/daughter of Shri.....  
Date of Birth..... (DD/MM/YY) Age..... Years,  
male/female..... Registration No..... permanent resident of  
House No..... Ward/Village/Street..... Post  
Office..... District..... State.....  
.....whose photograph is affixed above, and are satisfied that:

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

£ - e.g. Left/Right/bot hears

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_ percent

In words: \_\_\_\_\_ percent

3. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

4. Reassessment of disability's:

(i) Not necessary

Or

(ii) is recommended/after \_\_\_\_\_ years.....months, and therefore this certificate shall be valid till(DD/MM/YY) \_\_\_\_\_

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

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

Signature / Thumb impression of the person in whose favour disability certificate is issued

## Form-IV Disability Certificate

(In cases other than those mentioned in Forms II and III)

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

(See rule 4)

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

Certificate No.....Date:.....

This is to certify that I have carefully examined  
Shri/Smt./Km.....son/wife/daughter  
of Shri.....Date of Birth (DD/MM/YY).....  
Age.....Years, male/female.....Registration No.....  
permanent resident of House No.....Ward/Village  
/Street.....Post Office District.....State  
whose photograph is affixed above, and am satisfied that he/she is a case of  
disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.
3. Reassessment of disability's:
  - a. not necessary
  - Or
  - b. is recommended/after .....years.....months, and therefore this certificate shall be valid till (DD/MM/YY).....
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority) (Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature / Thumb impression of the person in whose favour disability certificate is issued

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if counter signed by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O.908(E), dated the 31st December, 1996.