

ANNEXURE –I

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 of Haryana has served in the Army / Air Force / Navy (Name of the Para-Military Force) from _____ to _____ and subsequently invalidated out of service as under:

1) Medical Category

i) For JCO's _____

ii) For ORS: Shape-I, II, III etc. _____

iii) 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

i) Whether permanent i.e. for life _____

ii) Whether temporary Upto what extent) _____

Next RSMB IS DUE _____

Name of Records _____

Signature of the issuing authority
with designation and official
seal and stamp

Case No. _____

Date _____

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.

ANNEXURE – II

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. _____

(Signature of the attesting authority)

Date: _____

Name _____

Place: _____

Designation _____

(With legible office seal)

Note:

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

ANNEXURE –III

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. _____

Signature of Employer

Dated: _____

Designation _____

Place: _____

(Legible Seal)

Strike out whichever is not applicable.

ANNEXURE –IV

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 _____.

Signature with seal of Issuing Authority

Full Name.....

Designation.....

Address with

Telephone No. with code.....

Place.....

Date.....

- **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

ANNEXURE –V

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)

2. Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in
_____ Village/Town _____ of Tehsil _____
District _____ of the State/Union Territory _____.

3. 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.

Signature with seal of Issuing Authority

Full Name.....

Designation.....

Address with

Telephone No. with code.....

Place.....

Date.....

• **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

ANNEXURE –VI

AFFIDAVIT

(BY THE PARENTS OF THE BACKWARD CLASS CATEGORY CANDIDATES)

I _____ Father/Mother of _____ Resident of
_____ Tehsil _____ District _____
_____ seeking admission to Diploma courses 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: _____

DEPONENT

Place: _____

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: _____

DEPONENT

Place: _____

ANNEXURE -VII

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)

Chief Medical Officer

Dated: _____

Place: _____

_____ 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:

Date :

Signature of the Medical Officer

with legible seal.

ANNEXURE –IX (A)

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.

ANNEXURE – X

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
_____.
4. General Conduct during stay in the institution: Good/Satisfaction/Unsatisfactory
5. He/She bears good/bad Character.

No. _____

Signature

Principal (with office seal)

Date: _____

*Strike out whichever is not applicable

ANNEXURE –XI

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)

ANNEXURE –XII

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
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) 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

ANNEXURE –XIII

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

a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) 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 ward 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 ward 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 ward 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.

2. Shri/Smt./Kumari_____ and/or his/her family ordinary reside in _____ Village/Town_____ of Tehsil_____ District_____ of the State/Union Territory_____.

3. 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.

4. This is certificate has been issued keeping in view State Government instructions relating to this subject issued from time to time.

Signature with seal of Issuing Authority

Full Name.....

Designation.....

Address with Telephone No. with code...

Place.....

Date.....

• **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

**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 Name: _____

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.in