



**OR**

**Domicile Category - C**

**REAP-2015**

CERTIFICATE – 1 (iii)

**(To be given if the candidate's father/mother is a serving / retired employee of Rajasthan Government / Government of Rajasthan Undertakings)**

Certified that Shri/ Smt. .... Father / Mother of  
Shri/Kumari ..... is a serving employee  
(Name of the candidate)

(write designation ..... ) / retired employee (write designation held at the time of retirement  
.....) of

(i) Government of Rajasthan including officer of All India Service borne on the State Cadre of  
Rajasthan (specify ..... ) or

(ii) The Undertaking/ Corporation / Improvement Trust/ Municipal Board /Panchayat Samiti/ Co-  
operative body duly constituted by the Government of Rajasthan (Specify ..... ) or

(iii) Statutory body or Corporation formed under the Indian Companies Act incorporated in  
Rajasthan (Specify .....).

Date :

Signature of the Employer/Head of Department  
with Designation and official seal

**OR**

**Domicile Category - C**

**REAP-2015**

CERTIFICATE – 1 (iv)

**(To be given if the candidate's father/ mother is a serving employee of University, Board of Secondary Education or Govt. Aided Engineering College in Rajasthan )**

Certified that Shri/ Smt. .... Father / Mother of  
Shri/Kumari ..... is a serving employee (write  
(Name of the candidate)

designation ..... ) of ..... in Rajasthan or Board of  
(Name of University)

Secondary Education, Rajasthan or Govt. Aided Engineering College .....and has put  
in at least three years service on the date of submission of REAP-2015 Form.

Date :

Signature of the Employer/Head of the Department with  
Designation and official seal

**OR**

**Domicile Category - C**

**REAP-2015**

CERTIFICATE – 1 (v)

**(To be given if the candidate's father/mother is a Central Government / Public Sector Undertaking employee serving in the State of Rajasthan)**

Certified that Shri/ Smt ..... Father / Mother of Shri/Kumari ..... is an employee of Central Government or  
(Name of the candidate)

Institution of the Central Government including Public Sector Undertaking or Corporation and he/she is on the regular rolls and he/she is serving at .....  
(Write name of city)

in the State of Rajasthan on the date of application as .....  
(Write designation)

Date : ..... Signature of the Employer/Head of Department with Designation and official seal

**OR**

**Domicile Category - C**

**REAP-2015**

CERTIFICATE – 1 (vi)

**(To be given if the candidate's father/mother is an employee of Rajasthan origin, serving in Central Govt. / Public Undertaking/ Defence/ National Institutes of Govt. of India in States other than Rajasthan)**

I certify that Shri/ Kumari. .... is the  
(Name of the candidate)

natural son/ daughter of Shri/Smt. .... and his/her father/mother is serving and has put in at least three years of Service on the last date of submission of application form in Indian Defence Service/ Central Government Service/Institution of the Central Government including Public Sector Undertaking as .....  
(Write designation & name of organisation)

and he/she is an employee of Rajasthan origin irrespective of his/her place of posting. The State of origin and the home town as given by him/her at the time of his/her entry into service is .....

Date : ..... Signature of the Employer/Head of Department with Designation and official seal

Note : *Strike out the portion which is not applicable.*

Category - I Certificate: SC/ST/ \*Non creamy layer OBC/\*Non creamy layer SBC

REAP-2015

**CERTIFICATE – 2**

**CERTIFICATE REGARDING SCHEDULED CASTE/SCHEDULED TRIBE/ \*NON CREAMY LAYER OTHER BACKWARD CLASSES/ \*NON CREAMY LAYER SPECIAL BACKWARD CLASSES**

**(This certificate must be signed by District Magistrate/Executive Magistrate/Additional District Magistrate/Sub Divisional Magistrate/Tehsildar of the District /Place of which the candidate is a resident.)**

I,..... certify that Shri/Kumari ..... is

(Name of the District Magistrate/Executive Magistrate /S.D.M. / Tehsildar)

the natural born (not adopted) son/daughter of Shri ..... and belongs to Scheduled Caste/Scheduled Tribe/ Non Creamy Layer Other Backward Classes / Non Creamy Layer Special Backward Classes .....

(Name of the caste)

by birth as notified under Presidential Order for the State of Rajasthan in .....

District .....

(Village / Tehsil)

Signature of the District Magistrate / Executive Magistrate  
Addl. District Magistrate / S.D.M. /Tehsildar

Date : Court Seal

**OR**

*If the above certificate, issued by competent authority, is already available then attach the attested photocopy of that certificate.*

\* (a) For non creamy layer OBC/ non creamy layer SBC candidates, the above certificate should be issued by the competent authority and should not be older than one year. (b) Non creamy layer OBC/ non creamy layer SBC candidates will have to furnish an undertaking in the following format along with the above certificate.

**UNDERTAKING BY NON CREAMY LAYER OBC/ NON CREAMY LAYER SBC CANDIDATES**

I,..... son / daughter of Shri .....

resident of village / town / city ..... district ..... Rajasthan State

hereby undertakes that I belong to the community which is recognised as a backward class by Government of Rajasthan for the purpose of reservation for admission in the state of Rajasthan. **It is also declared that I do not belong to persons / sections covered within the meaning of "Creamy Layer" as defined in the notifications issued by the Department of Personnel, Government of Rajasthan.**

I declare that status / income of my parents / guardian is below the prescribed limits for creamy layer as on financial year ending on March 31, 2015.

That in the event of declaration being found false misleading or incorrect during or after B.E. / B. Tech. programme, I will not have any objection whatsoever against the action taken in the matter, which I understand, shall not be less than termination of the program and if the degree of programme has been awarded, the same shall be cancelled forthwith.

Place :

Signature of the Candidate

Date :

Name of the candidate

CERTIFICATE – 3

CERTIFICATE FOR CHILDREN OF DEFENCE PERSONNEL KILLED OR SEVERELY DISABLED  
(TO BE SUBMITTED BY THE CHILDREN OF DEFENCE PERSONNEL \* PARA-MILITARY FORCES\*\* KILLED OR SEVERELY  
DISABLED\*\*\* IN ACTION DURING HOSTILITIES/WARS OR ON DUTY DURING PEACE TIME)

(This certificate must be signed by the Commandant or OIC Records to which the Soldier/JCO belongs. In case of officers  
of Army, Navy & Air-Force, this certificate must be signed by the Service HQ of respective branch)

I, .....  
(Service No., Rank of certifying officer)

certify that .....  
(Service No., Rank and Name of defence personnel- disabled or deceased)

Natural Father of .....  
(Name of applicant)

**EXS1** was killed in action

*or*

**EXS2** Disabled in action and boarded out from service/Died while in service with death  
attributable to military service/Disabled in service and boarded out with disability  
attributable to military service

*(Tick which ever is applicable)*

.....  
(Mention severe disability and its percentage as per medical board)

His particulars are:

1. Service No., Rank & Name of the person .....
  2. Name of the Unit last served .....
  3. Date of enrolment ..... Date of death/discharge/retirement .....
  4. Home town in Rajasthan as given by him at the time of his entry into service is .....
  5. His Registration/Identity Card No. is ..... dated .....
- and P.P.O. No. is .....

Date : ..... Seal of Office ..... Signature .....  
Name .....

\* Defence personnel will mean Commissioned Officers, Junior Commissioned Officers, other ranks, non-combatant (enrolled) and their equivalent ranks in Navy and Air-Force of Rajasthan origin only.

\*\* Para Military forces consist of Border Security Force, Central Reserve Police, Assam Rifles and Indo-Tibetan Border Police. Applicable to personnel of Rajasthan origin only.

\*\*\* As per GOI Ministry of Home Affairs, Department of Personnel and Administrative Reforms, Order No. 14024/6/77 Estt.(D), dated 31-12-1979, severely disabled means with over 50 percent disability and unfit for employment but disability attributable to military service.

**OR**

*If the above certificate, issued by competent authority, is already available then attach the attested photocopy of that certificate.*

Category - II Certificate : EXS4

REAP-2015

CERTIFICATE – 4

**CERTIFICATE TO BE SUBMITTED BY CHILDREN OF EX-SERVICEMEN\***

I, .....  
(Service No., Rank & Name of the Certifying Officer)

certify that .....  
(Service No., Rank & Name of the Ex-Serviceman)

Natural father/mother of ..... is / was  
(Name of Applicant)

ex-serviceman. His/Her particulars are:

1. Service No., Rank and Name of the Person .....

2. Name of the Unit last served .....

3. Date of enrolment ..... Date of retirement .....

4. He/She is/was ex-serviceman of Rajasthan origin and his/her home town as given by him/her at the time of  
his/her entry into service is .....

5. His/Her Registration/Identity Card No. is ..... dated .....  
and PPO No. is .....

Signature .....

Name .....

(District Soldier Welfare Officer)

Name of District .....

Date

Seal of Office

\*(1) Definition of Ex-servicemen shall be as per Hand Book on Resettlement of Ex-servicemen (1995).

(2) Ex-servicemen should be of Rajasthan origin. The State of origin and the home town as entered in  
discharge certificate shall only be accepted as proof in respect of above.

**OR**

*If the above certificate, issued by competent authority, is already available then attach the attested photocopy of  
that certificate*

Category - II Certificate : EXS3

REAP-2015

**CERTIFICATE TO BE SUBMITTED BY CHILDREN OF GALLANTRY AWARD WINNERS**

**Please attach attested photo copy of Gallantry award certificate issued by competent authority along with the  
certificate having particulars about the serviceman.**

**Category - II Certificate : PwD**

**REAP-2015**

CERTIFICATE – 5

**CERTIFICATE REGARDING PERSON WITH DISABILITY (PwD)**

**(To be given by authorized Medical Orthopedic Surgeon of the rank of Professor/ Associate Professor/Head of the Department of a Government Medical College/Hospital or by District Medical Board)**

This is to certify that Shri / Kumari .....  
Son/Daughter of Shri ..... is a  
Person with Disability in terms of the accepted norms. The percentage of handicap is ..... The nature  
of handicap/ disability is as follows:

.....

(Signature of the Candidate)

Place :

Date:

Signature of Orthopedic Surgeon / Medical Board  
(with Official Seal)

**OR**

*If the above certificate, issued by competent authority, is already available then attach the attested photocopy of that certificate*