Certificate for Domicile of Rajasthan (any one relevant certificate out of the following six must be given)	
Domicile Category - A	REAP-2015
CERTIFICATE – 1 (i) (To be given if father/mother of the candidate is a bonafide resident of Rajasthan)	
It is certified that Shri/ Smt.	natural Father/ Mother of
Shri/ Kumari	is a bonafide resident of Rajasthan.
(Name of the candi	date)
	OR
(To be given if the	candidate is a bonafide resident of Rajasthan)
Date : Court Seal	Signature of the District Magistrate / Executive Magistrate Addl. District Magistrate / S.D.M.
	OR
that certificate.	ent authority, is already available then attach the attested photocopy of
	OR
Domicile Category - B (To be given if the candidate has the year of passing qualifying	REAP-2015 CERTIFICATE – 1 (ii) studied continuously for preceding 3 years up to and including ng examination (i.e. X, XI and XII) as a regular student in d educational institutions of Rajasthan)
I certify that Shri/ Kumari	of the candidate)
Shri / Smt	
has studied continuously in school(s) in Rajasthan as a regular student during sessions to	
Date :	Signature of the Head Master/Principal of School last attended with official seal
sahaal	ne school, then attach this certificate in the above format for each

CERTIFICATE – 1

OR	
Domicile Category - C	REAP-2015
CERTIFICATE – 1 (ii	ii)
(To be given if the candidate's father/mother is a servi Government / Government of Rajastl	° · · ·
Certified that Shri/ Smt.	Father / Mother of
Shri/Kumari	is a serving employee
(Name of the candidate)	
(write designation) / retired employee (w	rite 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 - CREAP-2015CERTIFICATE – 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
	f the candidate) is a serving employee (write
designation) of)	in Rajasthan or Board of (Name of University)
Secondary Education, Rajasthan or Govt. Aided Engineering Collegeand 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	
	IFICATE – 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 Shri/Kumari	Father / Mother of is an employee of Central Government or	
Institution of the Central Government including Pu regular rolls and he/she is serving at	blic Sector Undertaking or Corporation and he/she is on the	
	(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 CERTI	REAP-2015 FICATE – 1 (vi)	
Central Govt. / Public Undertaking/ I	ther is an employee of Rajasthan origin, serving in Defence/ National Institutes of Govt. of India in er than Rajasthan)	
``````````````````````````````````````	of the candidate)	
-	and and a submission of submission of	
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 irresp	pective 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	<b>REAP-2015</b>
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	
by birth as notified under Presidential Order for the State of Rajasthan in	
District	
Date :Court SealSignature of the District Magistrate / ExeAddl. District Magistrate / S.D.M. /Teh	
OR	
If the above certificate, issued by competent authority, is already available then attach the attested photoco	ppy of that certificate.
* (a) For non creamy layer OBC/ non creamy layer SBC candidates, the above certificate s competent authority and should not be older than one year. (b) Non creamy layer OBC/ candidates will have to furnish an undertaking in the following format along with the above cer	non creamy layer SBC
UNDERTAKING BY NON CREAMY LAYER OBC/ NON CREAMY LAYER SBC C	
I, son / daughter of Shri	
resident of village / town / city district	
hereby undertakes that I belong to the community which is recognised as a backward c	-
Rajasthan for the purpose of reservation for admission in the state of Rajasthan. It is also	
belong to persons / sections covered within the meaning of "Creamy Layer" as defin	ed 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 Cano	lidate
Date : Name of the candio	date

Category - II Certi	ificate : EXS1/EXS2	<b>REAP-2015</b>
CERTIFICATE – 3		
<b>CERTIFICATE FOR CHILDREN OF DEFENCE PERSONNEL KILLED OR SEVERELY DISABLED</b> (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)		
		ecords to which the Soldier/JCO belongs. In case of officers signed by the Service HQ of respective branch)
I,		
	(Service No., Rank of	
	Service No., Rank and Name of defen	
()	Service No., Kank and Name of defen	ce personner- disabled of deceased)
Natural Father of	(Name of a	onlicant)
EV61		privanc)
EXS1	was killed in action	
EXS2		from service/Died while in service with death
(Tick which ever is applicable)	attributable to military service	bled in service and boarded out with disability
		e disability and its percentage as per medical board)
His particulars are: 1. Service No., Rank	& Name of the person	
2. Name of the Unit la	ast served	
3. Date of enrolment.	Date of death/d	scharge/retirement
4. Home town in Raja	asthan as given by him at the time of h	is entry into service is
5. His Registration/Identity Card No. is dated		
and P.P.O. No. is		
Deter		Signature
Date :	Seal of Office	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. <b>OR</b>		
If the above certificate, issued by competent authority, is already available then attach the attested photocopy of		
Alent a sufficients		

Category - II Certificate : EXS4	REAP-2015	
CERTIFI	ICATE – 4	
CERTIFICATE TO BE SUBMITTED BY CHILDREN OF EX-SERVICEMEN*		
I,		
certify that		
(Service No., Rank & Na	ame of the Ex-Serviceman)	
Natural father/mother of(Name of Applicar		
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 h	is/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. isand PPO No. is .	dated	
	Signature	
Date Seal of Office	Name (District Soldier Welfare Officer) Name of District	
(2) Ex-servicemen should be of Rajasthan origin.	d Book on Resettlement of Ex-servicemen (1995). . The State of origin and the home town as entered in oof in respect of above.	
6	DR	
<i>If the above certificate, issued by competent authority, that certificate</i>	is already available then attach the attested photocopy of	
Category - II Certificate : EXS3	<b>REAP-2015</b>	
CERTIFICATE TO BE SUBMITTED BY CHI	LDREN OF GALLANTRY AWARD WINNERS	
Please attach attested photo copy of Gallantry award c certificate having particulars about the serviceman.	certificate issued by competent authority along with the	

Category - II Certificate : PwD	<b>REAP-2015</b>	
CERTIFICATE – 5		
CERTIFICATE REGARDING	PERSON WITH DISABILITY (PwD)	
	on of the rank of Professor/ Associate Professor/Head of the 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		
of handicap/ disability is as follows:		
(Signature of the Candidate)		
Place :	Signature of Orthopedic Surgeon / Medical Board	
Date:	(with Official Seal)	
	OR	
If the above certificate, issued by competent authority, is already av	ailable then attach the attested photocopy of that certificate	