

Annexure I

**CERTIFICATE FORMATS  
FORM-GEN-EWS**

Government of .....

(Name & Address of the authority issuing the certificate)

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

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

VALID FOR THE YEAR \_\_\_\_\_

1. 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 in 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 \_\_\_\_\_. 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.

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

Signature with seal of Officer \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

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

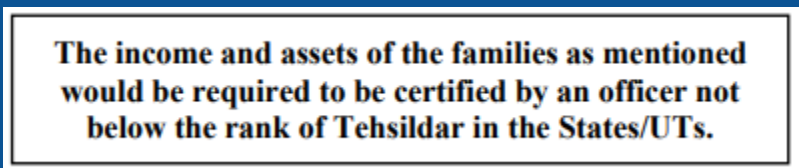
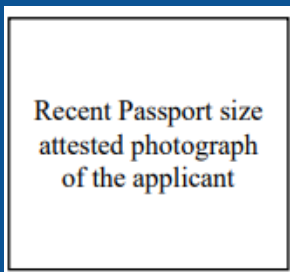
\*\* Note2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

\*\*\* 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.

Signature with seal of Officer \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_



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

Shri/Smt./Kum. \_\_\_\_\_ 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 /Any other 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:

(i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.

(iii) Revenue Officer not below the rank of Tehsildar' and

(iv) Sub-Divisional Officer of the area where the candidate and/or his family resides

**ANNEXURE for FORM-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.12019/6/2005-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

**FORM-SC/ST**

**SC/ST Certificate Format**

**FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES**

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 recognized 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:

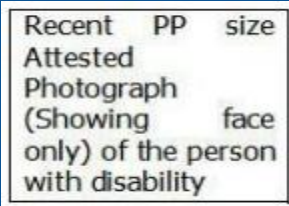
1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. 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.

FORM-PwD (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)



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 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 \_\_\_\_\_

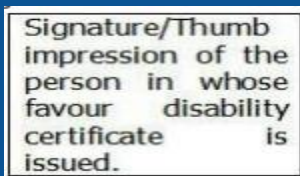
3. He/ She has \_\_\_\_\_% (in figure) \_\_\_\_\_ percent (in words)

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 and Seal of Authorised Signatory of notified Medical Authority)



FORM-PwD(III)  
 Disability Certificate  
 (In cases of multiple disabilities)

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

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		

(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. 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 is:

(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

<p>Signature/Thumb impression of the person in whose favour disability certificate is issued.</p>
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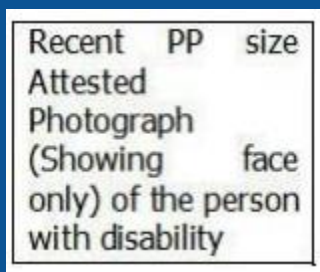


FORM-PwD(IV)

Disability Certificate

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

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



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 \_\_\_\_\_ Tahsli/Block \_\_\_\_\_ 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 is:

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.
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Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned 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.

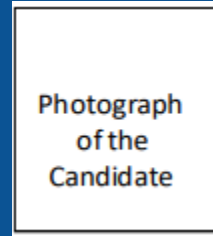
FORM-DYSLEXIC-1

FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY DYSLEXIC CANDIDATE

{To be obtained from any Dyslexia Association\*}

Date:

PSYCHO-EDUCATION EVALUATION REPORT



1. Name of the candidate:
2. Photograph
3. Date of Birth of the Candidate
4. Registration in the Dyslexia Assn. (date / number):
5. Name of the Father/Mother/Guardian:
6. Name/address and Regn. No.
7. of the Dyslexia Association :
8. Physical & Neurologic Assessment: [ ]
9. Psychological Assessment: [ ]
10. WISC Verbal IQ:
11. Performance IQ:
12. Full Scale IQ:
13. Interpretation: [ ]
14. Educational Assessment: [ ]

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)\*\*
2. The disability is PERMANENT in nature.

\*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkata, DivyaJalan, ArunaBhaskar 3, Dover Park, Kolkata – 700019
2. Dyslexia Association of Andhra Pradesh (DAAP), 3-4-494/1,1st Floor, MacherlaGastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Centre Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

\*\*Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However, the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

Signature and Name (in CAPITAL LETTERS) of the certifying official:

Seal:

FORM-DYSLEXIC-2

\*CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE PRINCIPAL OF THE SCHOOL/COLLEGE LAST ATTENDED

Testimonial

Date:

Name of the candidate:

Photograph

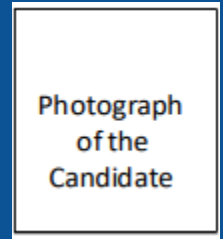
Date of Birth:

Name and Address of the School/University/College:

Certified that Shri/Shrimati/Kumari \_\_\_\_\_ son/daughter of \_\_\_\_\_ of \_\_\_\_\_ village/town passed his/her Class XII from this school and as per records, availed concession under dyslexic category.

Signature with seal:

\_\_\_\_\_



\*A candidate passing Class XII or equivalent through open school system or in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.

## PROFORMA

## EDUCATION SCHOLARSHIP-ENTITLEMENT CARD[PRIORITY I AND II CW CATEGORY]

(To children of Armed Forces personnel killed/disabled/missing in wars/CI Operations)

The holder of this card Shri/Kum \_\_\_\_\_ born on \_\_\_\_\_ is the son/daughter of Shri/Smt. \_\_\_\_\_, Rank \_\_\_\_\_ of Unit \_\_\_\_\_ Service \_\_\_\_\_ ServiceNo. \_\_\_\_\_ killed in action/permanently disabled/missing on \_\_\_\_\_ during \_\_\_\_\_ (Name of war/operation).  
 Name of the Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_

The holder is eligible for all educational concessions sanctioned by Central Government for children of Armed Forces personnel killed, missing or permanently disabled in wars/CI Operations.

**Signature of the authorized Officer**

Office Address:

(In case of officers, Entitlement Card for Education Scholarship should be obtained from AG/MP-59B, Army HQ, New Delhi-11, and for Personnel Below Officer Rank (PBOR) the same be obtained from the respective Record Offices.)

**Authorities Competent to Issue Educational Concession Certificate to CW Category [Priority III, IV, V, VI, VII, VIII and IX]**

Any of the following authorities on the proper letterhead with complete address, telephone number/s and e-mail-ID (along with supporting document/s towards the Educational Concession Certificate):-

- (a) Secretary, KendriyaSainik Board, Delhi.
- (b) Secretary, RajyaZilaSainik Board.
- (c) Officer-in-Charge, Record Office.
- (d) Competent authority of Ministry of Defence.
- (e) Ministry of Home Affairs (For Police Personnel in receipt of Gallantry Awards)

**FORM-SCRIBE**

**FORMAT OF REQUEST LETTER FOR SCRIBE AND EXTRA TIME FOR PwD CANDIDATES**

From Date:

Name of the candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Application No. Entrance Examination: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

The Campus Director  
National Forensic Sciences University  
Gandhinagar Campus  
Gandhinagar, Gujarat-382007

Dear Sir,

Subject: Requirement of SCRIBE and EXTRA TIME

I am a PwD candidate (Visually impaired/ dyslexic/ disability in the upper limbs or loss of fingers). I would like to use the service of a scribe for writing NFSU entrance examination. I also request you to provide extra time of one hour to complete the paper as per the government norms. Kindly do the needful.

Thanking you,

Signature of the candidate    Signature of the Parent/Guardian  
(Name of the Parent/Guardian)

## Declaration by the Candidate in Lieu of OBC-NCL Certificate

Name of the candidate: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Registration No: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_



I understand that as per the new guideline from the Ministry of Personnel, Public Grievances and Pensions, GoI, I am required to submit OBC-NCL certificate issued on or after April 1, 2022. Since I have not been able to collect the said certificate on time, I may kindly be allowed to appear in the entrance examination 2022 provisionally. I hereby declare that I registered for NFSU entrance examination as OBC-NCL candidate and that I will submit a fresh certificate (issued on/after April 1, 2022) at the web portal on or before May 30, 2022, 05:00 PM.

I understand that inability to upload the same by the given date and time will lead to the withdrawal of OBC-NCL benefit. I also understand that, if qualified, my category will be adjusted accordingly in the Common Rank List.

Signature of Father/Mother

Name:

Date:

Signature of Applicant

Name:

Date:

## Declaration by the Candidate in Lieu of GEN-EWS Certificate

Name of the candidate: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Registration No. (2022):

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_



I understand that as per the new guideline from the Ministry of Personnel, Public Grievances and Pensions, GoI, I am required to submit GEN-EWS certificate issued on or after April 1, 2022.

Since I have not been able to collect the said certificate on time, I may kindly be allowed to appear for NFSU entrance examination 2022 provisionally. I hereby declare that I registered for NFSU, entrance examination 2022 as GEN-EWS candidate and that I will upload a fresh certificate (issued on/after April 1, 2022) at the web portal on or before May 30, 2022, 05:00 PM. I understand that inability to upload the same by the given date and time will lead to the withdrawal of GEN-EWS benefit. I also understand that, if qualified, my category will be adjusted accordingly in the Common Rank List.

Signature of Father/Mother

Name:

Date:

Signature of Applicant

Date: