

Proforma for Scheduled Caste (SC) / Scheduled Tribe (ST) Certificate

This is to certify that Mr. / Ms. _____ Son / Daughter
of _____ belongs to Scheduled Caste / Scheduled Tribe
category and is resident of village / city _____ State _____. His /
her caste is _____ and is notified as Schedule Caste / Schedule Tribe
by Government of India Act 1956 (Amended).

Candidate Signature

Place:

Date:

Signature:

Name:

Designation*

Seal

Place

Date:

***Tehsildar / ADM or Designated Authority**