

# GAT-B-NITDGP-2026

## FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Castes or the Scheduled Tribes should submit in support of his claim an attested/self-certified copy of a certificate in the form given below, from the District Officer or the Sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the GAT-B-NITDGP-2026 would accept only attested/self-certified photocopies of such certificates and not any other copy.

**This is to certify that Shri/Shrimati/Kumari\*** \_\_\_\_\_  
\_\_\_\_\_ **son/daughter of** \_\_\_\_\_  
\_\_\_\_\_ **of village/town/\*** \_\_\_\_\_ **in**  
**District/Division\*** \_\_\_\_\_ **of the State/Union Territory\*** \_\_\_\_\_  
**belongs to the** \_\_\_\_\_ **Caste/Tribe\* which is recognized as a Scheduled Castes**  
**[SC]\***

**/ Scheduled Tribes [ST]\* 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 Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976. [%]

The Constitution (Jammu & 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 (Dadra and Nagar Haveli) Scheduled Castes Order, 1962. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962\*\*. The Constitution (Pondicherry) Scheduled Castes Order, 1964\*\*. The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967\*\*. The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968\*\*. The Constitution (Goa, Daman & 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 & Kashmir) Scheduled Tribes Order 1989\*\*. The Constitution (SC) Orders (Amendment) Act, 1990\*\*. The Constitution (ST) Orders (Amendment) Ordinance, 1991\*\*. The Constitution (ST) Orders (Second Amendment) Act, 1991\*\*. The Constitution (ST) orders (Amendment) Ordinance, 1996. The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act. 2002. The Constitution (Scheduled Caste) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste) Order (Amendment) Act, 2007. [%]

2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes certificate issued to Shri/Shrimati \_\_\_\_\_, Father/Mother of Shri/Srimati/Kumari\*

\_\_\_\_\_ of village/town\* \_\_\_\_\_ in the District/Division\* \_\_\_\_\_ of the 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 the village/town\* \_\_\_\_\_ of \_\_\_\_\_ District/Division\* of the State/Union Territory of \_\_\_\_\_.

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

(with seal of office)

\* Please delete the words which are not applicable

\*\* Please quote specific presidential order

% please delete the paragraph which is not applicable.

^ List of authorities empowered to issue Schedule Caste / Schedule Tribe Certificates:

- 1) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner / Taluka Magistrate / Executive Magistrate.
- 2) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- 3) Revenue Officers not below the rank of Tehsildar.
- 4) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTES:

- 1) The term ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**GAT-B-NITDGP - 2026**

**UNDERTAKING FOR CORRECTION OF DATE OF BIRTH  
CERTIFICATE**

I, \_\_\_\_\_ Son/daughter of \_\_\_\_\_  
\_\_\_\_\_ resident of \_\_\_\_\_  
-----do hereby solemnly affirm and declare as under:

This is to certify that:

1. In the GAT-B-NITDGP 2026 counseling bears the date of birth of mine as-----  
-----**(incorrect date of birth)** instead of -----  
**(correct date of birth)** in the said document. That I therefore, request the concerned authority in GAT-B-NITDGP 2026 counseling to please update and rectify my date of birth as----- --.
2. I am enclosing a self-attested copy of Passport / Aadhar Card/ Driving License / Voter ID Card/ PAN Card/ Birth Certificate issued by Municipal Corporation/authority empowered to register the birth as a proof of my correct date of birth.
3. I understand that my allotment of seat will stand canceled if the presently allotted seat is based on my claimed date of birth; and after updating the corrected document if I do not satisfy the minimum eligibility criteria, I will NOT be considered for the subsequent rounds of the Counselling process.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Candidate

## GAT-B-NITDGP – 2026

### FORMAT OF COURSE COMPLETION CERIFICATE

[TO BE ISSUED IN THE OFFICIAL LETER HEAD OF THE INSTITUTE/UNIVERSITY]

This is to certify that

1. Mr. /Ms. \_\_\_\_\_ (full name) bearing Roll No. \_\_\_\_\_ is a bonafide student of \_\_\_\_\_ (course / program) in our institute/university.
2. He / She is likely to complete all requirements of the course / program and all of his/her examinations is likely to be completed by July 2026.
3. His / Her final result is awaited and is likely to be published on or before September 30, 2026.

\_\_\_\_\_  
**Signature (with Seal) of the  
Authorised Signatory of the  
Institute/University**

Date - \_\_\_\_\_

GAT-B-NITDGP – 2026

DISABILITY CERTIFICATE FORMAT - II

{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)

No. - \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature/LTI/RTI of the Candidate

Passport size  
photograph  
of the  
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_,

son/wife/daughter of Shri \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

[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 (Please tick as applicable):

- a. locomotor disability
- b. blindness

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 the certificate

Official Seal:

[Authorized Signatory of notified Medical Authority] Name:

\_\_\_\_\_

GAT-B-NITDGP – 2026

DISABILITY CERTIFICATE FORMAT - III

{In cases of multiple disabilities}

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

No. - \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature/LTI/RTI of the Candidate

Passport size  
photograph  
of the  
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_,

son/wife/daughter of Shri \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

[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 **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		

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_%

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)\_\_\_\_\_.

@ - e.g. Left/Right/both arms/legs

# - e.g. single eye/both eyes

£- e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the certificate

6. Signature and seal of the Medical Authority:

<b>Name and Seal of Member</b>	<b>Name of Seal of Member</b>	<b>Name and Seal of the Chairperson</b>

GAT-B-NITDGP – 2026

DISABILITY CERTIFICATE FORMAT - IV

{In cases of any other case not covered in Format – II & III}

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

No. - \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature/LTI/RTI of the Candidate

Passport size  
 photograph  
 of the  
 candidate

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_,

son/wife/daughter of Shri \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

[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 **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		

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_%

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)\_\_\_\_\_.

@ - e.g. Left/Right/both arms/legs

# - e.g. single eye/both eyes

£- e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the certificate

**Official Seal:**

**[Authorized Signatory of notified Medical Authority\*]**

**Name:** \_\_\_\_\_

\* 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.

**Countersigned**

**Official Seal:**

**[CMO/Medical Superintendent/Head of Govt. Hospital]**

**Name:** \_\_\_\_\_

^ Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in case the certificate is issued by a medical authority who is not a government servant.

**GAT-B-NITDGP – 2026**  
**FORMAT FOR DYSLEXIA CERTIFICATE - I**

**MEDICAL CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATES**

{Psycho-Education Evaluation Report - To be obtained from any Dyslexia Association\*}

No. - \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the Father/Mother/Guardian \_\_\_\_\_

Registration in the Dyslexia Association: No \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Passport size  
photograph  
of the  
Candidate

Name & Address of the Dyslexia Association: \_\_\_\_\_

Registration No. of the Dyslexia Association: \_\_\_\_\_

Physical & Neurologic Assessment: [            ]

Psychological Assessment: [            ] WISC

Verbal IQ:

Performance IQ:

Full Scale IQ:

Interpretation: [            ]

Educational Assessment: [            ]

Certified that

The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)\*\*

The disability is **PERMANENT** in nature.

\*Some Dyslexia Associations:

- 1) Dyslexia Trust of Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
- 2) Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1, 1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
- 3) Madras Dyslexia Association, 94 Park View, 1<sup>st</sup> Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017  
Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
- 4) The Dyslexia Association of India, MZ-47, The Center 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.

**Official Seal:**

[Signature]

Name of the certifying official: \_\_\_\_\_

**GAT-B-NITDGP – 2026**  
**FORMAT FOR DYSLEXIA CERTIFICATE - II**

**TESTIMONIAL TO BE PRODUCED BY DYSLEXIC CANDIDATES**

{Testimonial - To be obtained from the Principal of the school/college last attended\*}

No. - \_\_\_\_\_ Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the Father/Mother/Guardian \_\_\_\_\_

Registration in the Dyslexia Association: No \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Passport size  
photograph  
of the  
Candidate

Name & Address of the School/College: \_\_\_\_\_

Certified that

Shri/Shrimati/Kumari \_\_\_\_\_

son/daughter of \_\_\_\_\_ of

\_\_\_\_\_ Village / Town passed his/her Class X from this school and as per

records, he/she has availed concession under dyslexic category.

**Official Seal:**

**[Signature]**

**Name of the Principal:** \_\_\_\_\_

\*A candidate passing Class X 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.

# GAT-B-NITDGP – 2026

## INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKERSECTIONS

Government of .....

(Name & Address of the authority issuing the certificate)

[This certificate MUST have been issued on or after 1<sup>st</sup> April 2026]

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 is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her family\*\* is below Rs. 8 lakh (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 Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).s

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph  
of the applicant

The income and assets of the families as mentioned would be required to be certified by an officer not below the rank of Tehsildar in the States/UTs.

Note:

\* Income covered all sources i.e. salary, agriculture, business, profession, etc.

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

\*\*\* 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.

# GAT-B-NITDGP – 2026

## FORMAT FOR OBC [NCL] CERTIFICATE

TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION THROUGH  
GAT-B-NITDGP-2026

**[This certificate MUST have been issued on or after 1<sup>st</sup> April 2026]**

This is to certify that Shri/Smt./Kum. \_\_\_\_\_ Son/Daughter of Shri/Smt.

\_\_\_\_\_ of Village/Town \_\_\_\_\_

District/Division \_\_\_\_\_ in the \_\_\_\_\_ State/UT

belongs to the \_\_\_\_\_ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C), dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186, dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC, dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163, dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC, dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88, dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC, dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC, dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC, dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC, dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC, dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC, dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270, dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC, dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71, dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC, dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-BCC, dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC, dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC, dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC, dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 16/01/2006.
- (xvi) Resolution No. 12015/2/2007-BCC, dated 18/08/2010.

- (xvii) Resolution No. 12015/2/2007-BCC, dated 11/10/2010.
- (xviii) Resolution No. 12015/13/2010-BC-II, dated 08/12/2011.
- (xix) Resolution No. 12015/05/2011-BC-II, dated 17/02/2014.
- (xx) Resolution No. 12011/6/2014-BC-II, dated 07/12/2016.
- (xxi) Resolution No. 12011/13/2016-BC-II, dated 22/12/2016
- (xxii) Resolution No. 20012/1/2017-BC-II, dated 19/01/2017
- (xxiii) Resolution No. 12011/7/2017-BC-II, dated 31/07/2017

Shri/Smt./Kum.\_\_\_\_\_and/or his family ordinarily reside(s) in the \_\_\_\_\_ District/Division of \_\_\_\_\_ State/UT. 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. 36 012/22/93-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) dated 30/05/2014.

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

(with seal of office)

NOTE:

- (a) The term 'Ordinarily' 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 / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1<sup>ST</sup> Class Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar.
  - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

**GAT-B-NITDGP2026**

**FORMAT FOR DECLARATION TO BE SUBMITTED BY OBC CANDIDATES**

I, \_\_\_\_\_, son/daughter of  
Shri \_\_\_\_\_ resident of village/town/city \_\_\_\_\_  
district \_\_\_\_\_ of State/UT \_\_\_\_\_ hereby declare that I belong  
to the \_\_\_\_\_ community which is recognised as a backward class by the  
Government of India for the purpose of reservation in services as per orders contained in Department  
of Personnel and Training Office Memorandum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also  
declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the  
Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide  
Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated  
9/3/2004. I also declare that the condition of status/annual income for creamy layer of my  
parents/guardian is within prescribed limits as on financial year ending on March 31, 2026.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate