## SUB APPENDIX B2 CERTIFICATE FOR BACKWARD CLASS\*

(Persons belonging to OBC/SBC will not be considered under this category)

Attach Applicants Recent Passport Size Attested Photograph

This is to certify that Shri / Smt/	Kumari son/daught	er of Sh village		
District /	Division in the st	ate of belongs to		
community which is recogn	ized as a Backward Class under the	, Department of		
Welfare of SCs and BCs vide notification N				
Kumari and / or his / her family ordinarily reside(s) in the District / Division of the State				
of Punjab.				
This is also to certify that he/she does not bel	ong to the persons / sections (creamy	Layer) mentioned in the column 3 of		
the Schedule to the Government of Punjab, De	partment of Welfare and SCs and BCs	notification No. 1/41/93-RCI/ dated		
17-01-1994, as amended vide Notification No. 1/41/93-RCI/1597 dated 17-08-2005, Notification No. 1/41/93-RCI/209				
dated 24-02-2009 and notification No. 1/41/93-RCI/609 dated 24.10.2013.				
Date of Issuance  Signature of Issuing Authority:  Designation Date: Place:  Note: The term "Ordinarily" used here will have same meaning as in Section 20 of Representative of People Act, 1950				
Authorities Empowered to issue Backward Class Certificate	Criteria for Admission under this C	ategory		
1. Deputy Commissioner 2. Additional Deputy Commissioner 3. Sub Divisional Magistrate 4. Executive Magistrate 5. Tehsildar 6. Naib Tehsildar 7. Block Officer 8. District Revenue Officer	<ul> <li>rules of Govt. Of India</li> <li>* A BC Certificate issued by a coopen on any date shall be accepted by</li> <li>4. Candidate whose certificate is</li> </ul>	reamy layer as defined by the latest mpetent authority in any format and		

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I S/0, D/0	Resident	of
Village / Tehs	sil/ City Distr	ict
hereby declare that I	belong to cas	ste
and this caste has been declared as backward class by Sta	ate Government as per letter No date	ed
·		
I hereby declare that, I do not come under Column-3 of the Sch	hedule to the Government of Punjab, Department of Welfa	ıre
of SCs and BCs notification No. 1/41/93-RC-1/459 dated 17.0	.01.94 as amended vide notification No. 1/41/93-RCI/15	97
dated 17-08-1005, notification No. 1/41/93-RCI/209 dated	l 04.02.2009 and notification No. 1/41/93-RCI/609 dat	ed
24.10.2013.		
Place:	Declara	nt
Date:		
Verification:		
I hereby declare that the above submitted information is concealed herein. I am well versed with the facts that I would my above information is found to be false and the benefits gran	d be liable to face any punishment prescribed by law in ca	
	Declara	ınt
Place:		
Date:		