



REVENUE DEPARTMENT, GOVT. OF NCT OF DELHI
APPLICATION FORM – OBC CERTIFICATE

BENEFICIARY DETAILS

1.e-DistrictRegistration Number :
(For already Registered User- Not to be filled in by first time Applicants or those having Aadhaar number)

OR

2. UID (AADHAAR) No :

3. Name of Beneficiary : _____
4. Name of Father : _____
5. Name of Mother : _____
6. Name of Spouse : _____
7. Gender : Male Female Other
8. Date of Birth : DD MM YYYY

Beneficiary color
Passport Size
Photograph
Size – 5 x 4.5 (Cm.)
Or
2 x 1.75 (Inch)

Present Address *(Address of Parents in case of Minor)*

House Name/No : _____ Sub-Locality : _____
Locality : _____ Village/Town : _____
Sub- division : _____ District : _____
State : _____ Country : _____
PIN Code :

9. Whether the Present and Permanent Address is same : Yes No

10. if No, Permanent Address *(Address of Parents in case of Minor and In case of married women, provide address before marriage of a women)*

House Name/No : _____ Sub-Locality : _____
Locality : _____ Village/Town : _____
Sub- division : _____ District : _____
State : _____ Country : _____
PIN Code :

11. Mobile No. : e-Mail ID : _____@_____
(in case of minor, provide parents contact details)

DETAILS REQUIRED FOR ISSUANCE OF OBC CERTIFICATE

12. Applying For : Delhi Central
13. If Central , Specify Name of State/UT: _____ District: _____
14. Name of Caste : _____
15. Religion : Hindu Muslim Sikh Buddhist

16. Whether the beneficiary or his/her family resident of Delhi since 8th September 1993? Yes No
(If yes, Please provide valid proof of residence document since 8th September 1993 or OBC certificate issued to father/parental blood relative)

17. Duration of residence in Delhi : _____ Year(s) _____ Month(s)

18. Whether any of the paternal blood relations of the applicant possesses Other Backward class certificate?

a. Yes *(Provide below details & attach an attested copy of Certificate issued to Father/Paternal blood relationship)*

Name of Certificate Holder	Name of paternal blood Relation with Applicant	Certificate No.	Date of Issue	Issuing Authority Address



b. No (Provide one attestation from MP/MLA/Councillor and one from Gazetted Officer or two Verification from Gazetted officer)

1. Provide details of Caste verifying authority(MP/MLA/Councillor/Gazetted Officer)

i. Name of verifier : _____ v. ID Card (Please attach also) : _____
 ii. Designation : _____ vi. ID Card No : _____
 iii. Name of Department : _____ vii. Telephone No : _____
 iv. Address : _____ viii. Mobile No : _____
 ix. e-Mail ID : _____@_____

2. Provide details of Caste verifying authority (Gazetted Officer)

i. Name of verifier : _____ v. ID Card (Please attach also) : _____
 ii. Designation : _____ vi. ID Card No : _____
 iii. Name of Department : _____ vii. Telephone No : _____
 iv. Address : _____ viii. Mobile No : _____
 ix. e-Mail ID : _____@_____

19. Income Details of Parents (tick appropriate one)

Service Type ↓	Relative Name →	Father	Mother
Government Service		<input type="checkbox"/>	<input type="checkbox"/>
Armed Forces including Para-military Forces		<input type="checkbox"/>	<input type="checkbox"/>
Private Service		<input type="checkbox"/>	<input type="checkbox"/>
Business or Industry		<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Undertaking		<input type="checkbox"/>	<input type="checkbox"/>
International Organizations (UN, UNICEF, WHO etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Others		<input type="checkbox"/>	<input type="checkbox"/>

Father Service Details

a. Current Status:
 (i) on Job (ii) Retired (ii).a Date of Retirement

DD	MM	YYYY
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 (iii) Death (iii).a Certificate Number _____ (iii).b Date of Death

DD	MM	YYYY
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 (iv) Permanent Incapacitation (iv).a Certificate Number _____ (iv).b Date of Incapacitation

DD	MM	YYYY
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 b. Designation : _____ d. Date of Joining :

DD	MM	YYYY
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 c. Monthly Gross salary : _____ e. PAN No :

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Details of Employer :-

a. Name of Organization/Shop/Industry Name : _____
 b. Address of Organization:-
 House Name/No : _____ Sub-Locality : _____
 Locality : _____ Village/Town : _____
 Sub- division : _____ District : _____
 State : _____ Country : _____
 PIN Code :

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Mother Service Details

a. Current Status:
 (i) on Job (ii) Retired (ii).a Date of Retirement

DD	MM	YYYY
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 (iii) Death (iii).a Certificate Number _____ (iii).b Date of Death

DD	MM	YYYY
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 (iv) Permanent Incapacitation (iv).a Certificate Number _____ (iv).b Date of Incapacitation

DD	MM	YYYY
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 b. Designation : _____ d. Date of Joining :

DD	MM	YYYY
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 c. Monthly Gross salary : _____ e. PAN No :

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Details of Employer :-

a. Name of Organization/Shop/Industry Name : _____
 b. Address of Organization:-



House Name/No : _____
 Locality : _____
 Sub- division : _____
 State : _____
 PIN Code :

Sub-Locality : _____
 Village/Town : _____
 District : _____
 Country : _____

20. Property Details : Owned by Father, Mother (Attach Property Documents)

i. Agricultural Land Holding		
Particulars	Irrigated Land	Un-irrigated Land
Owner Name & Land location Address		
Area of Land (In Sq. Meter)		
Crop/Fruit		
ii. Vacant land and/or Building Holding		
Owner Name & Land/Building location Address		
Area of Land/Building (In Sq. Meter)		
Use of Land/Building		

21. Income/Wealth Details : (Attach salary slip of last 3 months and IT Returns of last 3 Financial Year)

1	Annual family income from salary	:	₹	
2	Annual family income from Agriculture Land	:	₹	
3	Annual family income from Property	:	₹	
4	Annual family income from all other sources	:	₹	

22. Whether Tax Payer: (if yes, a copy of the last three years Income tax Return to be attached) Yes No

23. Whether covered in Wealth Tax Act (if so furnish details): Yes No

24. Identity Proof of Beneficiary (Please tick one, provide the document No. and attach the same)

<input type="checkbox"/> Aadhaar Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Letter (attested) from School Principal (for minor only)
<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Ration Card with Photograph	<input type="checkbox"/> School ID Card (for minor only)
<input type="checkbox"/> PAN Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> Birth Certificate (for minor below 5 years only)
<input type="checkbox"/> Any Govt. recognized document	Document No	<input type="text"/>

25. Identity Proof of Parents (in case parents applied on behalf of minor) (Please tick one, provide the document No. and attach the same)

<input type="checkbox"/> Aadhaar Card	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Ration Card with Photograph
<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License
<input type="checkbox"/> Any Govt. recognized document	Document No :	<input type="text"/>

26. Present Address Proof of Beneficiary/Parents (in case of minor) (Please tick one, provide the document No. and attach the same)

<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Driving License
<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity Bill DISCOM Name _____
<input type="checkbox"/> Water Bill Utility Name _____	<input type="checkbox"/> Gas Bill	<input type="checkbox"/> Comp Name _____
<input type="checkbox"/> Telephone Bill Company name _____	<input type="checkbox"/> Any Govt. recognized document	
<input type="checkbox"/> Rent Agreement (Registered)	<input type="checkbox"/> Bank Passbook	Document No : <input type="text"/>

27. Permanent Address Proof of Beneficiary/Parents (in case of minor) (Please tick one, provide the document No. and attach the same)

<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Driving License
<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity Bill DISCOM Name _____
<input type="checkbox"/> Water Bill Utility Name _____	<input type="checkbox"/> Gas Bill	<input type="checkbox"/> Comp Name _____
<input type="checkbox"/> Telephone Bill Company name _____	<input type="checkbox"/> Any Govt. recognized document	
<input type="checkbox"/> Rent Agreement (Registered)	<input type="checkbox"/> Bank Passbook	Document No : <input type="text"/>

Declaration: I hereby solemnly affirm & declare that, all of the above furnished information, is true & correct to the best of my knowledge. I am fully aware that furnishing incorrect or false or forged information will lead to punitive action against me under the relevant statutory provisions.

Date: <input type="text"/> DD <input type="text"/> MM <input type="text"/> 20YY	Signature of Beneficiary : (Parents Signature in case of minor)	<input type="text"/>
Place: _____		