



सत्यमेव जयते

THE ADMINISTRATION OF UNION TERRITORY OF LADAKH
OFFICE OF THE TEHSILDAR (SASPOL), LEH DISTRICT

Annexure - I



SCHEDULED CASTE/TRIBE CERTIFICATE

Certificate No.: SC / ST - 01 -SPL - _____

This is to certify that Shri*/Shrimati*/Kumari* _____
son/daughter* of _____, of
village*/town* _____ in _____ District/Division*
_____ belongs to the _____ Caste/Tribe*
which is recognised as a Scheduled Caste/Scheduled Tribe* under:

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956.
- @ The Constitution (Jammu and Kashmir) Scheduled Tribes Order (Amendment) Act, 2024
(No. 3 of 2024)

~~%2. — Application in the case of Scheduled Caste/Scheduled Tribes persons who have migrated from one State/Union Territory Administration:~~

~~— This Certificate is issued on the basis of the Scheduled Caste/Scheduled Tribes certificate issued to Shri/Shrimati* _____ father/mother _____ of Shri/Shrimati/Kumari* _____ of village/town* _____ in District/Division _____ of the State/Union Territory* _____ who belongs to the _____ Caste/Tribe* which is recognised as a Scheduled Caste/Scheduled Tribes in the State/Union Territory* _____ issued by the _____ (name of prescribed authority) vide their No. _____ dated _____.~~

%3. Shri/Shrimati*/Kumari* _____ and / or his/her* family ordinarily reside(s) in village/town* _____ of _____ District/Division of the Union territory of Ladakh.

Domicile Certificate No. _____

Signature _____

Name & Designation _____

(With Seal of Office)

Place: _____

Date: _____

- * Please delete the words which are not applicable
- @ Please quote specific Presidential Order.
- % Delete the paragraph which is not applicable.

Annexure-II

**THE ADMINISTRATION OF UNION TERRITORY OF LADAKH
OFFICE OF THE TEHSILDAR (), LEH DISTRICT**



FORMX

**CERTIFICATE OF BEING A RESIDENT OF AN AREA ADJOINING THE ACTUAL
LINE OF CONTROL**

Certificate No.: ALC - 01 - KHL - _____

This is to certify that *Shri/Shrimati/Kumari*

_____ *S/o/D/o*

_____ *R/o* _____ Tehsil

_____ District _____, is a resident of an area adjoining the
Actual Line of Control.

This is also certified that the said *Shri/Shrimati/Kumari* _____ or

Shri/Shrimati _____ (*on behalf of applicant*) submitted

his application for grant of his certificate to this office on _____ and the

certificate has been delivered to him under my hand and seal today on the _____.

This certificate shall remain valid for a period of five years from the date of issue of this certificate.

Signature of the Competent Authority _____

Name & Designation _____

(With Seal of Office)

Domicile Certificate No. _____

Place: _____

Date: _____

**THE ADMINISTRATION OF UNION TERRITORY OF LADAKH
OFFICE OF THE TEHSILDAR ()**

Tehsildar Kharu

Form – B

DOMICILE CERTIFICATE

*(issued under Rule 5(1) of the Ladakh Civil Services Decentralization and Recruitment – Grant of Domicile Certificate
(Procedure) Rules, 2025)*

Certificate No.: 01 KHA

Date of Issue:

This is to certify that:

Name: _____

S/D/W of: _____

Date of Birth: _____ (___ / ___ / ___)

Address:

a. Village /Ward No.: _____

b. Tehsil: _____

c. District: _____

d. Post Office: _____

e. Pin Code: _____

whose Photograph is attested is a **Domicile of the Union territory of Ladakh** under the below mentioned **Category of Domicile as per the TABLE provided in Rule 4 of the of the Ladakh Civil Services Decentralization and Recruitment – Grant of Domicile Certificate (Procedure) Rules, 2025:**

Col. I, Sl. No. 1.

- (a) Ladakh Resident Certificate (L.R.C.) Holder or those eligible for L.R.C.
(b) Children of persons mentioned in section 3A(1)(a) of the Regulation.

Col. I, Sl. No. 2.

Children of such residents of the Union territory of Ladakh as resided outside the Union territory in connection with employment or business or other professional vocational reasons.

Col. I, Sl. No. 3.

- (a) A person who has resided for a period of fifteen years in the Union territory of Ladakh, beginning from and after 31st October, 2019
(b) Children of a person who has resided for a period of fifteen years in the Union territory of Ladakh, beginning from and after 31st October, 2019.

Col. I, Sl. No. 4.

A person who has studied for a period of seven years, beginning from and after 31st October, 2019 and appeared in class 10th or 12th examination in an educational institution located in the Union territory of Ladakh.

Col. I, Sl. No. 5.

~~Children of Central Government officers, Officials of Public Sector Undertakings, Autonomous Body of Central Government, Public sector Banks, Officials of Central Universities and recognized Research Institution of Central Government who shall have served the Union territory of Ladakh for a total period of ten years, beginning from and after 31st October, 2019. □~~

This certificate is issued upon due verification under the provisions of the *Ladakh Civil Services Decentralization and Recruitment – Grant of Domicile Certificate (Procedure) Rules, 2025*

IMPORTANT NOTE:

This certificate is valid only for the purpose of appointment to the posts under the Union territory of Ladakh as defined in Ladakh Civil Services Decentralization and Recruitment (Amendment) Regulation, 2025.

Signature of the Competent Authority
(Name, Designation and Seal)

Date: _____

Place: _____

Office Stamp

[Digitally signed if issued electronically]

The Administration of Union Territory of Ladakh

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____-son/daughter/wife of _____ Permanent resident of _____, Village/ Street _____ PostOffice _____ District in the Union Territory of Ladakh, Pin Code _____ Whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income*of his/her 'family'***is below Rs.8Lakh (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 1000sq. 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. It is to certified that Shri/Smt./Kumari does not belongs to any of the categories defined in the clause (m), (n) and (o) of the section 2 of the Jammu and Kashmir Reservation Act, 2004 (XIV of 2004) in its application to the Union territory of Ladakh.

Signature with seal of Office

Name : _____

Designation: _____

Recent Passport
Size attested pho
tograph of the ap
plicant

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession etc.

** Note 2: The term 'Family' for this purpose include 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.

***Note 3: 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 statu

Annexure-V

Application for Obtaining Certificate of Disability by Persons with Disabilities

- (1) Name: _____
(Surname) (First Name) (Middle Name)
- (2) Father's Name: _____ Mother's Name: _____
- (3) Date of Birth : ___/___/___ (Date) (Month) (Year)
- (4) Age at the time of application : _____ years
- (5) Sex: Male/Female/Transgender: _____
- (6) Address:
- (a) Permanent address _____

- (b) Current Address (i.e. for communication) _____

- (c) Period since when residing at current address: _____
- (7) Educational Status (please tick as applicable)
- (i) Post Graduate
- (ii) Graduate
- (iii) Diploma
- (iv) Higher Secondary
- (v) High School
- (vi) Middle Age
- (vii) Primary
- (viii) Non-literate
- (8) Occupation: _____
- (9) Identification marks: (i) _____ (ii) _____
- (10) Nature of disability: _____
- (11) Period since when disabled: From Birth/since year _____
- (12) (i) Did you ever apply for issue of a certificate of disability in past (Yes/No)
(ii) If yes, details:
- (a) Authority to whom and district in which applied: _____
- (b) Result of application: _____
- (13) Have you ever been issued a certificate of disability in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any in-accuracy is detected in the application, I shall be liable to for feiture of any benefits derived and other action as per law.

(signature or left thumb impression of
person with disability, or of his/her legal
guardian in case of persons with intellectual
disability, autism, cerebral palsy and multiple

Date:

Place:

disabilities, etc)

Annexure-VI

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport
size attested
photograph
(showing face
only) of the
person with
disability

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:

(A) he/she is a case of:

- locomotor disability
 dwarfism
 blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is:

He/she has _____% (in figure) _____ percent (in words) permanent
locomotor disability/ dwarfism/ blindness in relation to his/her _____ (part of
body) as per guidelines (_____ number and date of issue of the guidelines to be
specified).

2. 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)

Signature/thumbimpressionofthe
personinwhosefavourcertificateof
disabilityisissued

Annexure-VII

CertificateofDisability
(Incasesofmultipliedisabilities)
(NameandAddressoftheMedicalAuthorityissuingtheCertificate)

Recent
passportsizeattestedp
hotograph(Showingfa
ceonly)oftheperson
withdisability.

CertificateNo.

Date:

Thisistocertifythatwehavecarefullyexamined Shri/Smt./Kum
son/wife/daughterofShri.....DateofBirth(DD/MM/YY)...../...../.....
..... Age..... years,male/female,RegistrationNo.permanentresidentof
House No.Ward/Village/Street.....PostOffice.....District.....
State.....,whosephotographisaffixedabove,andis satisfiedthat:

(A) he/sheisacaseofMultipleDisability.His/herextentofpermanentphysical
impairment/disabilityhasbeenevaluatedasperguidelines(_____numberanddateofissue
oftheguidelinestobespecified)forthedisabilitiestickedbelow,andisshownagainsttherelevant

disabilityinthetablebelow:

S.No.	Disability	Affectedpartofbody	Diagnosis	Permanentphysical impairment/mentaldisability(in%)
1.	Locomotordisability	@		
2.	MuscularDystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	CerebralPalsy			
6.	AcidattackVictim			

7.	Lowvision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	HardofHearing	£		
11.	SpeechandLanguagedisability			
12.	IntellectualDisability			
13.	SpecificLearningDisability			
14.	AutismSpectrumDisorder			
15.	Mentalillness			
16.	Chronic NeurologicalConditions			
17.	Multiplesclerosis			
18.	Parkinson'sdisease			
19.	Hemophilia			
20.	Thalassemia			
21.	SickleCellDisease			

@e.g.Left/right/botharms/legs # e.g.Singleeye £ e.g.Left/Right/botheears

(B)

Inthelightoftheabove,his/heroverallpermanentphysicalimpairmentasperguidelines(numberanddateofissueoftheguidelinestobespecified),isasfollows:-Infigures.....percent,Inwords.....percent.

2. Thisconditionisprogressive/non-progressive/likelytoimprove/notlikelytoimprove.
3. Reassessmentofdisabilityis:
 - (i) Notnecessary,or
 - (ii)Isrecommended/after..... years.....months, and therefore thiscertificateshallbevalidtill...../...../.....(DD)/(MM)/(YY)

4. Theapplicanthassubmittedthefollowingdocumentasproofofresidence: -

Natureofdocument	Dateofissue	Detailsofauthorityissuingcertificate

5. SignatureandsealoftheMedicalAuthority.

NameandSealofMember	NameandSealofMember	Name Seal of the andChairpersc

Signature/thumb
impression of the person
in whose favour certificate of
disability is issued.

Annexure-VIII

Certificate of Disability

(In cases other than those mentioned in Annexure VI and VII)
(Name and Address of the Medical Authority issuing the Certificate)

Recent
passport size attested
photograph
(Showing face
only) of the person with
disability.

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 he/she is a case of disability.

S.No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment / mental disability (in%)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		

9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Hemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (..... number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:-

(Please strike out the disabilities which are not applicable)

- @-eg. Left/Right/both arms/legs #-eg. Single eye/both eyes €-eg. Left/Right/both ears
2. The above condition is progressive/non-progressive/ likely to improve/not likely to improve.
 3. 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)...../...../.....
 4. The applicant has submitted the following documents 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 Chief Medical Officer/Medical Superintendent/Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a Government servant(

Signature/thumb impression of the person in whose favour certificate of disability is issued
--

with seal}}

FORM OF CERTIFICATE TO BE SUBMITTED BY GOVERNMENT EMPLOYEES SEEKING AGE-RELAXATION

(To be filled by the Head of the Department in which the candidate is working)

It is certified that *Shri/Smt./Km. _____ is a Government employee holding the post of _____ in the pay level _____ as on closing date.

This office has no objection for his/her appearing in the examination conducted by LAHD-SSRB for _____ post vide Advertisement No _____ dated _____.

Signature _____

Name _____

Office Seal

Place:

Date:

(*Please delete the words which are not applicable.)

DECLARATION TO BE SUBMITTED BY ALL THE EMPLOYED APPLICANTS

I declare that I have already informed my Head of Department in writing that I have applied for _____ and no vigilance is either pending or contemplated against me as on the date of submission of application.

If further submit the following information:

Date of Appointment:

Holding present Post & Pay Level:

Name & Address of Employer with Tel. No./FAX/E-mail: _____

Place:

Dated:

Full Signature of the Applicant