

GOVERNMENT OF TELANGANA

**ABSTRACT**

Scheduled Castes Development Department - The Andhra Pradesh Reorganisation Act, 2014 –The Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of Issue of Community Certificates Act, 1993 (Act No. 16 of 1993) and the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997 – Adaptation in the State of Telangana and amendments to the said Act and Rules – Orders – Issued.

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**SCHEDULED CASTES DEVELOPMENT (POA.A2) DEPARTMENT**

G.O.Ms.No.5

Date:08.08.2014.

Read the following:

1. The Andhra Pradesh Re-organisation Act, 2014 (Central Act No.6 of 2014.)
2. The Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993).
3. Andhra Pradesh Scheduled Castes, Scheduled Tribes and Backward Classes – Issue of Community, Nativity and Date of Birth Certificate Rules, 1997 issued in G.O.Ms.No.58, Social Welfare (J) Department, dated 12.05.1997.
4. G.O.Ms.No.65, Social Welfare (CV.2) Dept., dated 17.8.2004.
5. G.O.Ms.No.5, Social Welfare (CV.1) Dept., dated 05.03.2012.

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**ORDER :**

Whereas, by section 101 of the Andhra Pradesh Re-organisation Act, 2014 (Central Act No. 6 of 2014), the appropriate Government i.e. the State of Telangana is empowered by order, to make such adaptations and modifications of any law (as defined in section 2(f) of the Act) made before 02.06.2014, whether by way of repeal or amendment as may be necessary or expedient, for the purpose of facilitating the application of such law in the State of Telangana before expiration of two years from 02.06.2014; and thereupon every such law shall have effect subject to the adaptations and modifications so made until altered, repealed or amended by a competent Legislature or other Competent Authority;

2. And whereas, it has become necessary to adapt the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993) and the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997 with certain amendments for the purpose of facilitating their application in relation to the State of Telangana;

3. Now, therefore, in exercise of the powers conferred by section 101 of the Andhra Pradesh Re-organisation Act, 2014 (Central Act No.6 of 2014), the Government of Telangana hereby makes the following order, namely:-

- 1 (a) This order may be called the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993) (Telangana Adaptation) Order, 2014. Short title and Commencement

(b) It shall be deemed to have come into force with effect from 2.6.2014.

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- 2 In this Order, the law i.e. the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993) being adapted in this order shall have the same meaning as defined in section 2(f) of the Andhra Pradesh Reorganisation Act, 2014. Adoption of Act 16 of 1993 and Rules made thereunder
- 3 In Act No.16 of 1993 viz., Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993, Substitution of certain words
- (a) for the words "Andhra Pradesh", the word "Telangana State" shall be substituted.
- (b) for the words "Legislative Assembly" the word "Legislature" shall be substituted.
- 4 (1) As from the appointed day, the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997 mentioned in the Schedule to this Order, shall, until altered, repealed or amended by a competent Legislature or other competent authority, have effect subject to the adaptations and modifications directed by that Schedule. Effect of adopted Act and Rules made thereunder.
- (2) For the purpose of this Order, and the Act, Rules and Regulations adapted herein the expression "the State" shall have the meaning and area as specified in section 3 of the A.P. Reorganisation Act, 2014.

SCHEDULE  
[See paragraph(4)]  
REGULATIONS

- 5 (1) The Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997. Schedule appended to the order

Throughout the order issued in G.O.Ms.No.58, Social Welfare (J) Department, dated 12.05.1997 as amended from time to time and in the Regulations,

For the words "Andhra Pradesh", the word "Telangana State" shall be substituted.

For the words "Social Welfare", the words "Scheduled Castes Development" shall be substituted.

The composition of the Scrutiny and Review Committee mentioned at Clause (a) of rule 7 of the said Rules and amended vide G.O.Ms.No.65, Social Welfare (CV.2) Department, dated 17.8.2004 shall be substituted with the following:

- (a) (1) Principal Secretary / Secretary to Government -- Chairman  
Scheduled Castes Development Department
- (2) Principal Secretary / Secretary to Government -- Member  
Tribal Welfare Department.

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- |   |    |                   |
|---|----|-------------------|
| (3) Principal Secretary / Secretary to Government<br>B.C.Welfare Department   | -- | Member            |
| (4) Commissioner / Director of Scheduled Castes Development   | -- | Member            |
| (5) Commissioner / Director, Tribal Welfare   | -- | Member            |
| (6) Commissioner/ Director, Welfare of Backward Classes   | -- | Member            |
| (7) Inspector / Deputy Inspector General of Police,<br>C.B.C.I.D (P.C.R. & Vigilance Cell)                              | -- | Member            |
| (8) Additional Secretary/Joint Secretary/<br>Deputy Secretary to Government,<br>Scheduled Castes Development Department | -- | Member (Convener) |

(2) The composition of the Scrutiny and Review Committee mentioned at Clause (a) of rule 8 of the said Rules shall be substituted with the following:

- |  |    |                   |
|--|----|-------------------|
| (1) Joint Collector  | -- | Chairman          |
| (2) District Revenue Officer   | -- | Member (Convener) |
| (3) Deputy Director, Scheduled Castes<br>Development   | -- | Member            |
| Deputy Director (Tribal Welfare)/<br>District Tribal Welfare Officer   | -- | Member            |
| Deputy Director<br>(Backward Classes Welfare / District<br>Backward Classes Welfare Officer)   | -- | Member            |
| (4) Officer of the Research Organization<br>in the Commissionerate of Scheduled Castes /<br>Tribal Welfare nominated by the concerned<br>Heads of the Departments. | -- | Member            |
| (5) Officer representing the Protection of Civil Rights /<br>Vigilance Cell in the District  | -- | Member            |

For the "Annexure – I", the "Annexure-I" appended to this Order shall be substituted.

For the "Annexure – II", the "Annexure-II" appended to this Order shall be substituted.

For the "Form-I", the "Form-I A and Form-I B" appended to this order shall be substituted.

For the "Form-II", the "Form-II A and Form-II B" appended to this order shall be substituted.

For the "Form-III", the "Form-III A and Form-III B" appended to this order shall be substituted.

For the "Form-IV", the "Form-IV A and Form-IV B" appended to this order shall be substituted.

For the "Form-VI", the "Form-VI A and Form-VI B" appended to this order shall be substituted.

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(3) The Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997.

Throughout the order issued in G.O.Ms.No.65, Social Welfare (CV.2) Department, dated 17.8.2004 and G.O.Ms.No.5, Social Welfare (CV.1) Dept., dated 05.03.2012 as amended from time to time and in the Regulations,

For the words "Andhra Pradesh", the word "Telangana State" shall be substituted.

For the words "Social Welfare", the words "Scheduled Castes Development" shall be substituted.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF TELANGANA)

**Dr.T.RADHA**  
**PRINCIPAL SECRETARY TO GOVERNMENT (FAC)**

To

The Commissioner of Printing, Stationary and Stores Purchase, Chenchalguda, Hyderabad.  
(with a request to publish in the extra-ordinary A.P. Gazette and furnish 1000 Gazette copies)

The Chief Commissioner of Land Administration, Telangana State, Hyderabad.

The Principal Secretary to Government, Revenue Department, Telangana State, Hyd.

The Director, Meeseva Centre, Hyderabad.

The Commissioner of Information & Public Relations Department

All the District Collectors in the State of Telangana.

All Revenue Divisional Officers and Mandal Revenue Officers  
(through the District Collector concerned)

The Director of Scheduled Castes Development, Hyderabad.

The Director of Tribal Welfare, Hyderabad.

The Commissioner of Backwards Classes Welfare, Hyderabad.

All the Departments of Telangana Secretariat (with a request to communicate these orders to the HOD's under their control)

All the Superintendents of Police in the Telangana State.

The Director, TCR&TI, Hyderabad.

The Registrar, High Court of Andhra Pradesh and Telangana States, Hyderabad.

The Registrar, APAT, Hyderabad.

The Deputy Inspector General of Police, PCR Cell, Telangana State, Hyderabad.

The Registrar, Jawaharlal Nehru Technological University, Hyderabad.

The Registrar, Kakatiya University, Warangal.

The Registrar, Telangana University, Nizamabad.

The Registrar, Mahatna Gandhi University, Nalgonda.

The Registrar, Dr.B.R.Ambedkar University, Hyderabad.

The Registrar, Potti Sreeramulu Telugu University, Hyderabad.

The Registrar, Professor Jayashankar Telangana State Agricultural University, Hyderabad.

The Registrar, Nalsar University of Law, Hyderabad.

The Registrar, Palamuru University, Mahaboobagar.

The Registrar, Satavahana University, Karimnagar.

**Copy to:**

The Law (TLSP) Department.

All the PS to Chief Minister and Ministers of Telangana State.

The PS to CS to Govt., of Telangana State.

All the Spl.CS / Principal Secretary / Secretary / Special Secretaries to Government of Telangana State.

All HOD's of Government of Telangana State

All the Corporations / Societies of Government of Telangana State.

All the Division Offices of Government of Telangana State (through the respective HOD's)

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All Heads of Departments under the control of Scheduled Castes Development Department,  
Telangana Secretariat, Hyderabad.

The Principal Secretary / Secretary / Additional Secretary / Deputy Secretary to  
Chief Minister of Telangana State.

All Sections under the control of Scheduled Castes Development Department,  
Telangana Secretariat, Hyderabad.

SF/SC.

//FORWARDED :: BY ORDER//

SECTION OFFICER

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**ANNEXURE -I**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

Government hereby notify that the authorities mentioned below in column (2) of the Table within their territorial jurisdiction as "Competent Authorities" for issue of Community Certificate, Nativity Certificate and Date of Birth Certificate declaring the persons as belonging either to Scheduled Castes/Scheduled Tribes as per notification of the Government of India and to Backward Classes in accordance with the notification of the Government of Telangana State, issued from time to time.

	Column 1	Column 2	Column 3
	Specified Community	Competent Authorities	Jurisdiction
1.	<b>BC Group:</b> - A/B/C/D. All communities referred by the Govt., of Telangana State belonging to Backward Classes A/B/C/D Groups.	All M.R.Os in the State not below the rank of a Deputy Tahsildar.	Within the territorial jurisdiction of a Mandal
2.	<b>Scheduled Castes</b> 1. Adi Andhra 2. Adi Dravida 3. Arundhatiya 4. Dom, Dombara, Paidi, Pano 5. Madiga 6. Mala 7. Mala Dasari 8. Mala Dasu 9. Mala Sale, Netkani 10. Manne 11. Panchama, Pariah 12. Relli	All M.R.Os in the State not below the rank of a Deputy Tahsildar.	Within the territorial jurisdiction of a Mandal
3.	<b>Scheduled Castes</b> 1. Anamuk 2. Aray Mala 3. Arwa Mala 4. Bavuri 5. Beda Jangam, Budga Jangam 6. Bindla 7. Byagara 8. Chanchati 9. Chalavadi 10. Chamar, Mochi, Muchi. 11. Chambhar 12. Chandala 13. Dakkal, Dokkalwar 14. Dandasi 15. Dhor 16. Ellamalawar, Yellammalawandlu 17. Ghasi, Haddi, Relli Chachandi 18. Godagali 19. Godari 20. Gosangi	All Revenue Officials not below the rank of a RDO / Sub-Collector / or Assistant Collector in the State.	Territorial jurisdiction of a Revenue Division held by RDO / Sub-Collector / Assistant Collector

	21. Holey a. 22.Holey a Dasari. 23 Jaggali 24. Jambuvulu. 25. Kolupulvandlu 26. Madasi Kuruva, Madari Kuruva. 27. Madiga Dasu, Mashteen. 28. Mahar. 29. Malan Hannai 30 Mala Jangam 31. Mala Masti 32. Mala Sanyasi 33. Mang 34. Mang Garodi 35. Mashti 36. Matangi 37 Mehtar 38. Mitha Ayyalvar. 39. Mundala 40. Paky, Moti, Thoti 41 Pambada, Pambanda 42 Pamidi 43. Samagara 44. Samban 45 Sapru 46 Sindhollu, Chindollu.		
4.	<b>Scheduled Caste Bariki</b>	District Collector	With in the territorial Jurisdiction of a District.
5.	<b>Scheduled Tribes Community</b> 1. Andh 2. Bagata 3. Bhil 4. Chenchu, Chenchwar 5.Gadabas. 6.Gond, Naikpod, Rajgond 7. Jatapus 8. Kattunayakan 9.Kolam, Mannervarlu 10. Kondhs, Kodi, Kodhu, Desaya, Kondhs, Dongria Knodhs, Kuttiya Kondhs, Kondhs Yenity Kondhs. 11. Koya; Goud, Rajah, Rasha Koya, Lingadhari Koya (ordinary) Kottu Koya, Bhine Koya, Rajkoya . 12. Malis (excluding Adilabad, Hyderabad, Karimnagar, Khammam, Mahabubnagar, Medak, Nalgonda, Nizamabad and Warangal Districts) 13. Mukha Dhora,Nooka Dhora 14. Pardhan 15. Porja, Parangiperja 16. Rona, Rena	All M.R.Os in the State of Telangana not below the rank of a Deputy Tahsildar.	Within the territorial jurisdiction of a Mandal

	17. Savaras, Kapu Savaras, Maliya Savaras, Khutto Savaras, 18 Sugalis, Lambadis 19. Kulia 20. Yenadis 21. Yerukulas		
6.	<b>Scheduled Tribes Community</b> 1. Konda Kapus 2. Kondareddis 3. Hill Reddis 4. Goudu (in the Agency tracts), 5. Kammara 6. Kotia, Benth Oriya, Bartika, Dhulia, Dulia, Holva, Paiko, Putiya, Sanrona, Sidhopaiko 7. Redi Dhoras 8. Konda Dhoras 9. Thoti (in Adilabad, Hyderabad, Karimnagar, Khammam, Mahabubnagar, Medak, Nalgonda, Nizamabad and Warangal Districts) 10. Nayaks (in the Agency tracts) 11. Valmiki (in the Agency tracts) 12. Manna Dhora	All Revenue Officials not below the rank of a RDO / Sub-Collector / or Assistant Collector in the State.	Territorial jurisdiction of a Revenue Division held by RDO / Sub-Collector / Assistant Collector

**Dr.T.RADHA**  
**PRINCIPAL SECRETARY TO GOVERNMENT (FAC)**



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**ANNEXURE-II**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2) Department, dated 08.08.2014.)

**Details of Forms:**

- Form I A and B : Applications for issue of Community and Date of Birth Certificate and Nativity Certificate for Scheduled Tribes.
- Form II A and B : Applications for issue of Community and Date of Birth Certificate and Nativity Certificate for Scheduled Castes and Backward Classes.
- Form III A and B : Forms for Community and Date of Birth Certificate and Nativity Certificate.
- Form IV A and B : Notices to the applicant for verification issued by the Competent Authority
- Form V : Notices to the applicant for verification issued by the District Level Scrutiny Committee (Doubtful claims)
- Form VI A and B : Notices to the applicant for verification issued by the District Level Scrutiny Committee (Fraudulent claims)

**Dr.T.RADHA  
PRINCIPAL SECRETARY TO GOVERNMENT (FAC)**

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**FORM -I A**  
**(Rule-5)**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

**Form of Application for issue of Community and Date of Birth Certificate relating to  
Scheduled Tribes under Section 3 (1) and 3 (2) of the Act 16 of 1993**

(Information to be furnished by the applicant himself supported by the documentary evidence)

To  
The Mandal Revenue Officer /  
Revenue Divisional Officer /  
Sub-Collector, Asst. Collector  
----- Mandal/ Division.  
-----District

Sir,

I am in need of a Scheduled Tribe Community and Date of Birth Certificate for me /  
for my son/daughter for which the details are given below:

1. Name of the applicant in full (in block letters) ::
2. Sex of the applicant ::
- 3 a) Father's name ::  
b) Mother's name ::
- 4 Present postal address ::
- 5 Place of permanent residence of the certificate  
seeker / his father / paternal grand father, as on the  
date of the first notification declaring the  
community as a Scheduled Tribe, to which the  
certificate seeker claims to belong. ::
6. Age, date of birth and place of birth (If date is not  
known approximate year of birth). ::
- 7 Place of ordinary residence (documents relating  
to house/land or other immovable property or  
birth registration certificate or ration card or  
school records may be furnished) ::
- 8 If the applicant has been issued a community  
certificate in the past by any authority, a copy of .  
such certificate should be furnished ::
- 9 Community for which certificate is claimed  
(Including sub-tribe or sub-group) ::
- 10 a) Community of the father  
(Including sub-tribe or sub group)
- b) Community of the mother  
(Including sub-tribe or sub group)

::11::

11 Whether the applicant is

a) a natural born son or daughter of his/her parents.

**OR**

b) adopted son/daughter of his/her parents

12. Aadhar Card No

13. Household Survey No

**DECLARATION**

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information documents under Section 10 of the Act No.16 of 1993.

STATION:

Signature of the applicant

DATED:

Signature of the Parent/Guardian

**ACKNOWLEDGEMENT SLIP**

Received an application for issue of Community and Date of Birth Certificate relating to Scheduled Tribe in Form I A, from \_\_\_\_\_ (name of the applicant / parent / guardian) belonging to \_\_\_\_\_ Village/town \_\_\_\_\_ Mandal, \_\_\_\_\_ District on \_\_\_\_\_.( date).

Name of the Office  
Date:

Signature of the Officer authorised  
by the Competent Authority  
**(Name in capital letters)**  
and designation. (affix seal)

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**FORM –I B**  
**(Rule-5)**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

**Form of Application for issue of Nativity Certificate relating to Scheduled Tribes  
under Section 3 (1) and 3 (2) of the Act 16 of 1993**

(Information to be furnished by the applicant himself supported by the documentary evidence)

To  
The Mandal Revenue Officer /  
Revenue Divisional Officer /  
Sub-Collector, Asst. Collector  
----- Mandal/ Division.  
-----District

Sir,

I am in need of a Scheduled Tribes Nativity Certificate for me / for my son/  
daughter for which the details are given below:

1. Name of the applicant in full (in block letters) ::
2. Sex of the applicant ::
- 3 a) Father's name ::  
b) Mother's name ::
- 4 Present postal address ::
- 5 Place of permanent residence of the certificate  
seeker / his father / paternal grand father, as on the  
date of the first notification declaring the  
community as a Scheduled Tribe, to which the  
certificate seeker claims to belong. ::
6. Age, date of birth and place of birth (If date is not  
known approximate year of birth). ::
- 7 Place of ordinary residence (documents relating  
to house/land or other immovable property or  
birth registration certificate or ration card or  
school records may be furnished) ::
- 8 If the applicant has been issued a community  
certificate in the past by any authority, a copy of .  
such certificate should be furnished ::
- 9 Community for which certificate is claimed  
(Including sub-tribe or sub-group) ::
- 10 a) Community of the father  
(Including sub-tribe or sub group)  
b) Community of the mother  
(Including sub-tribe or sub group)

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11 Whether the applicant is

- a) a natural born son or daughter of his/her parents.
- OR
- b) adopted son/daughter of his/her parents

12. Aadhar Card No

13. Household Survey No

**DECLARATION**

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information documents under Section 10 of the Act No.16 of 1993.

STATION:

Signature of the applicant

DATED:

Signature of the Parent/Guardian

**ACKNOWLEDGEMENT SLIP**

Received an application for issue of Nativity Certificate relating to Scheduled Tribe in Form I B, from \_\_\_\_\_ (name of the applicant / parent / guardian) belonging to \_\_\_\_\_ Village/town \_\_\_\_\_ Mandal, \_\_\_\_\_ District on \_\_\_\_\_ .( date).

Name of the Office  
Date:

Signature of the Officer authorised  
by the Competent Authority  
**(Name in capital letters)**  
and designation. (affix seal)

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**FORM II A**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

**FORM OF APPLICATION FOR ISSUE OF COMMUNITY AND DATE OF BIRTH  
CERTIFICATE RELATING TO SCHEDULED CASTES / BACKWARD CLASSES UNDER  
SECTION 3 (1) OF ACT 16 OF 1993**

(Information to be furnished by the applicant himself supported by documentary evidence)

To  
The Mandal Revenue Officer,  
Revenue Divisional Officer,  
Sub-Collector, Assistant Collector  
District Collector  
-----Mandal / Division,  
-----District.

Sir,

I am in need of a Scheduled Castes / Backward Classes Community and Date of Birth Certificate for me / for my son / daughter for which the details are given below:

- 1 Name of the applicant in full (in block letters)
- 2 Sex of the applicant
- 3 a) Father's name  
b) Mother's name
- 4 Present postal address
- 5 Permanent place of residence
- 6 Age, date of birth and place of birth ( If date is not known, approximate year of birth:)
- 7 Place of ordinary residence (documents relating to house/land or other immovable property or birth registration certificate or ration card or school records may be furnished)
- 8 If the applicant has been issued a community certificate in the past by any authority, a copy of such certificate should be furnished
- 9 Community for which certificate is claimed (including the sub-caste)
- 10 a) Caste (including sub-caste) of the father  
b) Caste (including sub-caste) of the mother
- 11 Religion professed by the applicant
- 12 a) Religion professed by the father of the applicant  
b) Religion professed by the mother of the applicant

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13 Whether the applicant is

- a) A natural born son or daughter of his/her parents
- OR
- b) Adopted son/daughter of his/her parents

14. Aadhar Card No.

15. Household Survey No

**DECLARATION**

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information/ documents under Section 10 of the Act No.16 of 1993.

STATION:

Signature of the applicant

DATED:

Signature of the Parent/Guardian

**ACKNOWLEDGEMENT SLIP**

Received an application for issue of Community and Date of Birth Certificate relating to Scheduled Caste / Backward Class in Form II A from-----  
( name of the applicant / parent / guardian) belonging to -----  
----village/town -----mandal,-----District on-----  
----- ( date.)

Name of the Office  
Date:

Signature of the Officer authorised  
by the Competent Authority  
(Name in capital letters)  
and designation.(affix seal)

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**FORM II B**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

**FORM OF APPLICATION FOR ISSUE OF NATIVITY CERTIFICATE  
RELATING TO SCHEDULED CASTES / BACKWARD CLASSES UNDER  
SECTION 3 (1) OF ACT 16 OF 1993**

(Information to be furnished by the applicant himself supported by documentary evidence)

To  
The Mandal Revenue Officer,  
Revenue Divisional Officer,  
Sub-Collector, Assistant Collector,  
District Collector  
-----Mandal / Division,  
-----District

Sir,

I am in need of a Scheduled Castes / Backward Classes Nativity Certificate for me /  
for my son / daughter for which the details are given below:

- 1 Name of the applicant in full (in block letters)
- 2 Sex of the applicant
- 3 a) Father's name  
b) Mother's name
- 4 Present postal address
- 5 Permanent place of residence
- 6 Age, date of birth and place of birth ( If date is not  
known, approximate year of birth:)
- 7 Place of ordinary residence (documents relating  
to house/land or other immovable property or  
birth registration certificate or ration card or  
school records may be furnished)
- 8 If the applicant has been issued a community  
certificate in the past by any authority, a copy of  
such certificate should be furnished
- 9 Community for which certificate is claimed  
(including the sub-caste)
- 10 a) Caste (including sub-caste) of the father  
b) Caste (including sub-caste) of the mother
- 11 Religion professed by the applicant
- 12 a) Religion professed by the father of the applicant  
b) Religion professed by the mother of the applicant



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13 Whether the applicant is

- a) A natural born son or daughter of his/her parents
- OR
- b) Adopted son/daughter of his/her parents

14. Aadhar Card No.

15. Household Survey No

**DECLARATION**

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information/ documents under Section 10 of the Act No.16 of 1993.

STATION:  
DATED:

Signature of the applicant

Signature of the Parent/Guardian

**ACKNOWLEDGEMENT SLIP**

Received an application for issue of Nativity Certificate relating to Scheduled Caste / Backward Class in Form II B from----- ( name of the applicant / parent / guardian) belonging to ----- village/town -----Mandal,-----District on----- ( date.)

Name of the Office  
Date:

Signature of the Officer authorised  
by the Competent Authority  
(Name in capital letters)  
and designation.(affix seal)

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**FORM III A**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

Serial No.

S.C

District Code:

S. T

Emblem

Mandal Code:

B.C.

Village Code:

Certificate No:

**COMMUNITY AND DATE OF BIRTH CERTIFICATE**

I) This is to certify that Sri / Smt / Kum \_\_\_\_\_ Son / daughter  
of Sri-----of----- Village  
/Town -----Mandal----- District-----  
----- of Telangana State belongs to ----- Community which is  
recognised as S.C/S. T ./B.C under:

The Constitution (Scheduled Castes) Order, 1950

The Constitution (Schedule Tribes) Order, 1950.

G.O.Ms.No.1793, Education, dated 25-9-1970 as amended from time to time (BCs)

S.Cs., S.Ts. list (Modification) Order, 1956, S.Cs and S.T.s. (Amendment) Act, 1976.

2) It is certified that the date of birth of Sri / Smt / Kum \_\_\_\_\_ is  
Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ (in words) as per the  
declaration given by his/ her father/mother/ guardian and as entered in the school records  
where he/she studied.

(Seal)

**Signature:**  
**Date:**  
**Name in Capital Letters:**  
**Designation:**

Explanatory Note:: While mentioning the community, the Competent Authority must mention  
the sub-caste (in case of Scheduled Castes) and sub-tribe or sub-group  
(in case of Scheduled Tribes) as listed out in the S.Cs., and S.Ts.,  
(Amendment) Act, 1976.

...19.

**::19::**

**FORM III B**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2) Department, dated 08.08.2014.)

Serial No.

S.C

District Code:

S. T

Emblem

Mandal Code:

B.C.

Village Code:

Certificate No:

**NATIVITY CERTIFICATE**

This is to certify that the place of birth of Sri/Smt/Kum  
\_\_\_\_\_ Son / daughter of  
Sri \_\_\_\_\_ is \_\_\_\_\_ Village /  
Town \_\_\_\_\_ Mandal \_\_\_\_\_ District of  
Telangana State.

2) It is certified that Sri/Smt./Kum \_\_\_\_\_ is a native of  
\_\_\_\_\_ Village/Town \_\_\_\_\_ Mandal  
\_\_\_\_\_ District of Telangana State.

**(Seal)**

**Signature:**  
**Date:**  
**Name in Capital Letters:**  
**Designation:**

::20::

**FORM-IV A**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

**NOTICE TO THE APPLICANT**

To  
Sri/Smt/Kum\_\_\_\_\_village\_\_\_\_\_Mandal--  
\_\_\_\_\_District, whereas an application has been  
made by\_\_\_\_\_ (name of the certificate seeker) S/o, D/o,  
W/O\_\_\_\_\_ (Name of the father/husband) for the  
issue of Community and Date of Birth Certificate under Section 3(1)/ Sec.3(2) of the AP  
(Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of Issue of  
Community Certificates Act, 1993. Notice is hereby given that an enquiry will be made  
about the community claim of the above mentioned applicant by the undersigned  
at\_\_\_\_\_ (time) on\_\_\_\_\_ (date) of\_\_\_\_\_ (month) \_\_\_\_\_  
(year) at \_\_\_\_\_ (place). He/She shall appear without fail at the said place on  
the said date and said time to substantiate his or her Community and Date of Birth claim,  
with oral and documentary evidence, failing which the Competent Authority will confirm or  
reject the Community and Date of Birth claim of the applicant based on the  
documents/evidence furnished by the applicant in Form I A and B and II A and B to the  
Competent Authority and the material/evidence gathered by the Competent Authority in this  
case. He/She may bring his/her parents to assist him/her in the enquiry.

Place:

Signature and designation of  
Competent Authority.  
(seal)

Date:

...21.

**::21::**  
**FORM-IV B**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

**NOTICE TO THE APPLICANT**

To  
Sri/Smt/Kum \_\_\_\_\_ village \_\_\_\_\_ Mandal--  
\_\_\_\_\_ District, whereas an application has been  
made by \_\_\_\_\_ (name of the certificate seeker) S/o, D/o,  
W/O \_\_\_\_\_ (Name of the father/husband) for the  
issue of Nativity Certificate under Section 3(1)/ Sec.3(2) of the AP (Scheduled Castes,  
Scheduled Tribes and BCs) Regulation of Issue of Community Certificates Act, 1993. Notice  
is hereby given that an enquiry will be made about the community claim of the above  
mentioned applicant by the undersigned at \_\_\_\_\_ (time) on \_\_\_\_\_  
(date) of \_\_\_\_\_ (month) 19 \_\_\_\_\_ (year) at \_\_\_\_\_ (place).  
He/She shall appear without fail at the said place on the said date and said time to  
substantiate his or her Nativity claim, with oral and documentary evidence, failing which the  
Competent Authority will confirm or reject the Nativity claim of the applicant based on the  
documents/evidence furnished by the applicant in Form I A and B and II A and B to the  
Competent Authority and the material/evidence gathered by the Competent Authority in this  
case. He/She may bring his/her parents to assist him/her in the enquiry.

Place:

Signature and designation of  
Competent Authority.  
(seal)

Date:

**::22::**  
**FORM-V**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

To  
Sri/Smt./Kum\_\_\_\_\_village\_\_\_\_\_mandal  
\_\_\_\_\_District, Whereas a reference has been received by the Scrutiny Committee  
from the Competent Authority (specify the authority) regarding doubts about your  
community claim that you belong to SC/ST/BC community. The Committee now therefore  
directs you to attend the enquiry regarding your community claim on \_\_\_\_\_ (date)  
at\_\_\_\_\_ (time) at\_\_\_\_\_ (place) without fail. You are required to  
furnish all the documentary evidence in support of your community claim on the said date  
failing which the Scrutiny Committee will finalise its recommendations based on the  
material/documents/evidence made available to the Committee by the Competent Authority.  
You may bring your parents/guardian to assist you in the enquiry.

Date:

Chairman of the Scrutiny Committee  
(Joint Collector)  
(seal)

...23.

**::23::**  
**FORM-VI A**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

To

Sri/Smt/Kum. \_\_\_\_\_ village \_\_\_\_\_ mandal \_\_\_\_\_ Dist  
rict, Whereas a complaint has been received by this office alleging that you have obtained  
ST/SC/BC Community and Date of Birth Certificate from (specify the authority who issued it)  
fraudulently, and whereas I have reason to believe that you obtained S. T. /S.C. /B.C.  
certificate for yourself/for your son/daughter fraudulently even though in reality you do not  
belong to any Scheduled Tribe/SC/BC. Now therefore, you are hereby directed to attend  
enquiry regarding your Community and Date of Birth Certificate claim on \_\_\_\_\_  
(date) at \_\_\_\_\_ (time) at \_\_\_\_\_ (place) without fail. You are required to  
furnish all the documentary evidence in support of your Community and Date of Birth  
Certificate claim on the said date failing which the Scrutiny Committee will finalise its  
recommendations based on the material/documents/evidence made available to the  
Committee by the District Collector. You may bring your parents/guardian to assist you in  
the enquiry.

Date:  
Place:

Chairman of the Scrutiny Committee  
(Joint Collector)  
(seal)

...24.

**::24::**  
**FORM-VI B**

(Annexure to G.O.Ms.No.5, Scheduled Castes Development (POA.A2)  
Department, dated 08.08.2014.)

To

Sri/Smt/Kum. \_\_\_\_\_ village \_\_\_\_\_ mandal \_\_\_\_\_ Dist  
rict, Whereas a complaint has been received by this office alleging that you have obtained  
ST/SC/BC Nativity Certificate from (specify the authority who issued it) fraudulently, and  
whereas I have reason to believe that you obtained S. T. /S.C. /B.C. Nativity Certificate for  
yourself/for your son/daughter fraudulently even though in reality you do not belong to any  
Scheduled Tribe/SC/BC. Now therefore, you are hereby directed to attend enquiry  
regarding your Nativity claim on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at  
\_\_\_\_\_ (place) without fail. You are required to furnish all the documentary  
evidence in support of your Nativity claim on the said date failing which the Scrutiny  
Committee will finalise its recommendations based on the material/documents/evidence  
made available to the Committee by the District Collector. You may bring your  
parents/guardian to assist you in the enquiry.

Date:  
Place:

Chairman of the Scrutiny Committee  
(Joint Collector)  
(seal)