FORM "X"

OFFICE OF THE COMPETENT AUTHORITY _____ CERTIFICATE OF BEING A MEMBER OF THE SOCIALLY AND EDUCATIONALLY BACKWARD CLASS

this is to certify that Shi	i l		510,
Dlo	R/o	Tehsil	District
	is a member of the	Socially and Edu	icationally Backward
Class, falling under the catego	ry:-		
(i) Resident of Bac	kward Area;		
(ii) Resident of are	ea adjoining Line of Actual Contr	ol	
(iii) Weak and und	der privileged class (Social Caste	e)	
This is also certified that the sa	aid Shri	or Shri	_(on behalf of
applicant) submitted his applicant	cation for grant of his certificate	to this office on	_and the certificate
has been delivered to him	under my hand and seal to	oday on the	
This	s certificate shall remain valid fo	or a period of five ye	ears from the date of
issue of this certificate.			
			nt Authority, with seal
		n Block Letters	
	Design	ation	
Date			