

FORMAT OF CERTIFICATE OF BACKWARD CLASS

This is to certify that	
Son/Daughter of Sh	of village/townin
Distt./Division	of the state of
belongs to	the community which is recognised
as backward class under the Government of I	ndia/Ministry of Welfare Resolution No. 12011/68/93-BCC (c)
dated 10.9.93 published in the Gazette in Indi	a (Extra ordinary) Part-I section- dated 13.9.93.
Shri	and /or his family
ordinarily reside (s) in the	distt./Division of State
This is also certified that he/she doesn't belong	to the persons/ section (Creamy layer) mentioned in the column (3)
of the schedule to the Government of India, D	Department of personnel and training. O.M. No. 36012/22/93-Estt
(SCT) dated 8.9.93	
Dated :	Distt. Magistrate /SDM
Seal	

FORM -F

Government of Himachal Pradesh

Application/ Declaration of the applicant for obtaining

Certificate of Bonafide Himachali

ISon/Daughter/Wife	of	
Resident of village/ town declare as under :-		
That I am a Bonafide Himachali :-		
i) Having my permanent home in Himachal Pradesh or		
ii) Residing in Himachal Pradesh for the period of 25 years, or		
iii) Having my permanent home in Himachal Pradesh by living out occupation.	side Himachal Pradesh on account of my	
I solemnly affirm that the contents of this declaration are true and	correct. I shall be liable for prosecution if	
facts given above are found incorrect.		
Kindly issue Bonafide Himachali Certificate in my favour.		
	Signature of the Applicant	
Place :		
Dated :	Address	
Enclosures		
1		
2		
3		

the