FORM OF CASTE CERTIFICATE FOR SOCIALLY AND EDUCATIONALLY BACKWARD CLASSES OF THE STATE

GOVERNMENT OF ODISHA

OFFICE OF THE TAHSILDAR / REVENUE OFFICER

District: _____

Certificate Case No.: _____

Date: _ / _ / _____

SEBC CERTIFICATE

This is to certify that **Shri/Smt./Miss** _____, son/daughter of _____, resident of Village/Town _____, P.O. _____, P.S. _____, Tahasil _____, in the District of _____, in the State of Odisha, belongs to the _____ community/caste, which is recognized as a **Socially and Educationally Backward Class (SEBC)** under the Government of Odisha.

Shri/Smt./Miss _____ and his/her family ordinarily reside(s) in the _____ District of the State of Odisha.

This is also to certify that he/she does not belong to the persons/sections covered under the **Creamy Layer** criteria applicable to the SEBC category.

This certificate is issued for the purpose of availing the benefits available to the Socially and Educationally Backward Classes under the applicable rules of the Government of Odisha.

Place: _____

Date: _ / _ / _____

Signature of the Competent Authority

Name: _____

Designation: _____

Office Seal