

ORDER SHEET

(See Paragraph-207(I) of the Orissa Record Manual 1964)

Order Sheet dated from _____ to
 date _____ Tahasil _____ P.S. _____
 Village _____ No _____ District. _____
 Sub-Division _____ No _____ of 20 _____ of Order Sheet.

Nature of Case _____

ORDER SL. NO. AND DATE	ORDER OF OFFICER AND SIGNATURE	DETAIL OF ACTION TAKEN AS PER ORDER WITH DATE
	<p><u>Nature of case Caste Certificate</u></p> <p>One _____ S/O,D/O,W/O _____ of village _____ P.S. _____</p> <p>has applied for issue of Caste certificate sent the petition to R.I. _____ for enquiry and report.</p> <p style="text-align: right;">Dictated Tahasildar, Kalahandi</p> <p>Perused the report of R.I. _____ he/She has reported that the applicant is belonging to S.C./S.T. _____ by caste "which is recognised as Scheduled Caste/ Scheduled Tribe under the constitution (Scheduled Castes) Order, 1950/the Constitution (Scheduled Tribes) Order, 1950as amended by the Scheduled Castes and Scheduled Tribes (Amendment) Orders/Act, 1976..</p> <p>Nazir has collected user fee Rs. 30/- (Thirty only) on proper receipt vide M.R. No. _____ Date _____</p> <p>Issue of Caste certificate in favour of the applicant accordingly, Hence the case is closed. Dictated</p> <p style="text-align: right;">Tahasildar, Kalahandi</p>	<p>Nazir to collect user fee Rs. 30/- (Thirty only) on proper receipt vide M.R. No. _____ Date _____</p>

OFFICE OF THE TAHSILDAR, KALAHANDI

CASTE CERTIFICATE

Rule 8 (I) of the Orissa Caste Certificate
(for Scheduled Caste and Scheduled Tribe) Rules, 1980

Case No. / Date

This is to certify that Shri/Smt./Kumari*
.....son/daughter* of.....
of Village/Town.....in the District.....of
the State..... belongs to the Caste/Tribe* which is,
recognised as Scheduled Caste/Scheduled Tribe* under the
Constitution (Scheduled Castes) Order, 1950/the Constitution
(Scheduled Tribes) Order, 1950* as amended by the Scheduled
Castes and Scheduled Tribes (Amendment) Orders/Act, 1976.

2. Shri/Smt./Kumari*
.....and his/her* family ordinarily reside(s) in Village/
Town..... of.....District of the State
of.....

Place.....

Date.....

Signature.....

Designation.....

(with seal of Office)

Signature of the Applicant

Copy forwarded to the District Welfare Officer.....for information.

Signature.....

OFFICE OF THE TAHASILDAR

CASTE CERTIFICATE

Rule 8 (I) of the Orissa Caste Certificate (for Scheduled Caste and Scheduled Tribe)
Rules, 1980

25139

224727

Case No. / Date

This is to certify that Shri/Smt./Kumari*
..... son/daughter* of
of Village/Town..... in the District..... of
the State belongs to the..... Caste/
Tribe* which is recognised as a Scheduled Caste/
Scheduled Tribe* under the Constitution (Scheduled Castes)
Order, 1950/the Constitution (Scheduled Tribes) Order,
1950* as amended by the Scheduled Castes and Scheduled
Tribes (Amendment) Orders/Act, 1976.

2. Shri/Smt./Kumari*
and his/her* family ordinarily reside(s) in Village/
Town of District of the State
of.....

Place

Signature

Date

Designation
(with seal of Office)

Signature of the Applicant

Copy forwarded to the District Welfare Officer..... for information.

Signature

* Please delete the words which are not applicable.

ରାଜସ୍ୱ ନିରୀକ୍ଷକଙ୍କ କାର୍ଯ୍ୟାଳୟ,, କଳାହାଣ୍ଡି

ଜାତି ପ୍ରମାଣ ପତ୍ର (CASTE CERTIFICATE) ଦରଖାସ୍ତର ତଦତ୍ତ ବିବରଣୀ

ପତ୍ର ସଂଖ୍ୟା, ତାରିଖ

ପ୍ରାପ୍ତେଷୁ : ଶ୍ରୀମାନ ତହସିଲଦାର, କଳାହାଣ୍ଡି ।

ସୂଚନା : ଆପଣଙ୍କ କାର୍ଯ୍ୟାଳୟ ପରିପତ୍ର ସଂଖ୍ୟା, ତା.
ମହାଶୟ,

ସ୍ୱତନ୍ତ୍ର ଖତିଆନ ଯାଅ ଏବଂ ଦରଖାସ୍ତକାରୀଙ୍କ ଦରଖାସ୍ତ ଅନୁଯାୟୀ ସ୍ଥାନୀୟ ତଦତ୍ତରୁ ନିମ୍ନମତେ ତଦତ୍ତ ବିବରଣୀ ଦାଖଲ କରୁଅଛୁ ।

୧. ଦରଖାସ୍ତକାରୀଙ୍କ ନାମ :

୨. ପିତା/ସ୍ୱାମୀଙ୍କ ନାମ :

୩. ଠିକଣା :

ମୌଜା, ଥାନା, ଜିଲ୍ଲା - କଳାହାଣ୍ଡି

୪. ସ୍ତ୍ରୀ ବାସିନ୍ଦା କିମ୍ବା ଅସ୍ତ୍ରୀ ବାସିନ୍ଦା :

୫. ଜାତି : ଉପଜାତି :

୬. ଧର୍ମ : ଧର୍ମାନ୍ତରିତ ହୋଇଛନ୍ତି କି ? :

୭. ସ୍ୱତନ୍ତ୍ର ଖତିଆନ ବିବରଣୀ

ମୌଜା, ଖାତା ସଂଖ୍ୟା, ରକବା

ଖାତାଦାରଙ୍କ ନାମ :

ଦରଖାସ୍ତକାରୀଙ୍କ ସହିତ ସମ୍ପର୍କ :

୮. ଖତିଆନ ଅନ୍ତର୍ଭୁକ୍ତ ଉପନାମ (SURNAME) :

ପରିବର୍ତ୍ତନ ସ୍ଥଳେ ଆବଶ୍ୟକୀୟ ଚିହ୍ନଟ ବିବରଣୀ

୯. ଦରଖାସ୍ତକାରୀ ଚଳିତ ବର୍ଷର ରାଜସ୍ୱ ଦେୟ ରସିଦ୍ ସଂଖ୍ୟା, ତା.

ରେ ଟ. ପଇଠ କରିଅଛନ୍ତି ।

୧୦. ମତବ୍ୟ - (ସାଚିଯିକେଟ ଦିଆଯିବକି ନାହିଁ) ?

ଆଦେଶାନୁଯାୟୀ ଆପଣଙ୍କ ଅବଗତି ନିମନ୍ତେ ଜଣାଇଲି ।

ରାଜସ୍ୱ ନିରୀକ୍ଷକ