# RAILWAY RECRUITMENT CELL
# EASTERN RAILWAY

NKG Building, 11th Floor, 14- Strand Road, Kolkata-700001

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No. RRC-ER/CEN-08/2024/DV (485) Date: 06.11.2026

**Sub: Document Verification (DV) and Pre-Recruitment medical examination for Recruitment to Various Posts of Level-1 against CEN No. 08/2024**

In connection with the recruitment to various Level-1 posts against Centralised Employment Notification (CEN) No. 08/2024, it is hereby notified that the Document Verification (DV) of candidates shortlisted on the basis of their performance in the Computer Based Test (CBT) and Physical Efficiency Test (PET) {except Person with Benchmark Disabilities (PwBD), Course Completed Act Apprentices (CCAA) and Ex-Servicemen (Ex-SM)} is **tentatively scheduled to commence from 23.11.2026** .

The DV call letters for Document Verification, will be made available on the official website of Railway Recruitment Cell, Eastern Railway (RRC/ER), www.rrcer.org. Candidates shortlisted for DV are advised to visit the website regularly and keep themselves updated regarding the publication of call letters and any further instructions.

Candidates are advised to carefully read and comply with all instructions mentioned in this notice, in Notification of CEN 08/2024 and their DV call letters and to report at the specified venue.

**No queries regarding Document Verification will be entertained over the telephone.** Candidates are therefore advised to rely only on the official website of RRC/ER for authentic and updated information.

***Important Instructions (candidates must follow all the below mentioned instructions):***

1. In terms of Para 14.3 of CEN 08/2024, the number of candidates shortlisted for Document Verification (DV) is to be equal to the number of notified vacancies (1:1 ratio), based on CBT normalized/weighted scores, subject to qualifying the Physical Efficiency Test (PET) in the case of non-exempted candidates.

2. Age Reckoning Date: 01.01.2025. The lower age limit is to be not later than 01.01.2007, while the upper age limit is to be determined category-wise. (Refer Paras 5.1 and 5.2 of CEN 08/2024 for age limits and relaxations.)

3. Where a candidate is eligible for age relaxation on more than one ground, only the highest applicable age relaxation is to be allowed; the relaxations are not to be cumulative. (Para 5.3 of CEN 08/2024.)

4. The date of birth furnished in the application is required to be the same as that recorded in the Matriculation/SSLC or equivalent certificate. Any difference in the date of birth is to result in disqualification of the candidate. (Para 5.6 of CEN 08/2024.)

5. Candidates are strictly advised that entry for the Document Verification will close at **09:00 hrs.** No candidate will be permitted to attend Document Verification after the stipulated time under any circumstances. Candidates must strictly follow instructions of DV officials.

6. Candidates must carry at least two original photo ID documents, and the Aadhaar card is compulsory as one of them. The second can be any other government-issued ID, such as a PAN card, Passport, Voter ID (EPIC) card, etc. (two photocopies of respective ID cards)

7. Candidates are advised to carry 15 recent photographs with a white background (taken not more than one month ago), a copy of the Application Form, and two sets of photocopies of each and every document, along with the original documents.

   Candidates are also advised to bring their original CBT call letter and for PET-qualified candidates, their original PET call letter, each with two photocopies.

8. Requests for a change of venue / date for Document Verification (DV) or the Pre-Recruitment Medical Examination will not be entertained under any circumstances. Candidates who fail to attend the Pre-Recruitment Medical Examination on the scheduled date will not be given any further opportunity, and their candidature will be cancelled with immediate effect.

**9.** Candidates found eligible in Document Verification will be directed for pre-recruitment medical examination at the nominated Railway Hospital. Candidates shall make their own arrangements for stay for 3-4 days, if required, at their own expense. No TA/DA is admissible.

**10.** No candidate is allowed to leave the DV venue without the permission of RRC-ER officials. If any candidate is found missing during DV, their candidature will be liable to be cancelled, and no request for reconsideration will be entertained under any circumstances.

**11.** No representative will be allowed at the document verification venue, except for PwBD candidates. Candidates and accompanying persons are advised not to wait or remain at the main gate of the NKG Building (DV venue).

**12.** Candidates must strictly abide by the instructions given by DV functionaries and RRC/ER's Staff. Document Verification will be followed by Pre-medical Examination only of those candidates who are found clear by the DV Committee.

**13.** Gazette Notification and/or any legal document in case of formal change of Name as mentioned in the Notification.

**14.** Certificate as proof of Date of Birth as mentioned in the Notification. In the absence of relevant Certificate/Proof of Date of Birth, candidature of the candidate will be cancelled (Birth Certificate will not be considered as valid documentary proof).

**15. Vertical Reservation Verification: -**

*** For Scheduled Caste (SC) and Scheduled Tribe (ST) candidates:**

**a)** The Community Certificate is required to conform to Annexure-I of CEN 08/2024 and to specify the Presidential Order under which the caste is recognized. The certificate is required to have been issued by the competent authority as prescribed in CEN 08/2024.

**b)** Bihar State Origin Cases (Pan/Sawasi/Tanti-Tantwa): In compliance with the Supreme Court judgment in Civil Appeal No. 18802/2017 (Dr. Bhim Rao Ambedkar Vichar Manch), candidates originally belonging to Pan/Sawasi/Panr/Tanti-Tantwa in Bihar are required to produce revised caste certificates issued on or after 01.12.2024. In the absence of the specified certificate, the candidate is to be treated as Unreserved (UR) [Para 8.9 of CEN 08/2024]. RRCs may confirm this with reference to the judgement of the Hon'ble Supreme Court in Civil Appeal No. 18802/2017.

*** For Other Backward Classes (OBC-NCL) candidates**:

**c)** The Community Certificate is required to be in the format prescribed in Annexure-II of CEN 08/2024.

**d)** The certificate is required to mention the Government of India Gazette Resolution number recognizing the specific sub-caste.

**e)** The certificate is required to contain the mandatory Non-Creamy Layer exclusion clause referring to DoPT OM No. 36012/22/93-Estt (SCT) dated 08.09.1993, as amended.

**f)** The certificate is not to be older than one year from the date of Document Verification.

**g)** Every OBC-NCL candidate is required to submit a signed self-declaration in the Annexure-II A proforma of CEN 08/2024 during DV.

*** For Economically Weaker Sections (EWS) candidates:**

**i)** The Income & Asset Certificate is required to be in the format prescribed in AnnexureIII of CEN 08/2024.

**j)** A non-compliant candidate is to be treated under the UR category, subject to fulfilment of the UR eligibility conditions.

**k)** The certificate is required to be valid for the financial year 2023–2024 (gross annual family income below Rs. 8,00,000/-).

**16. Horizontal Reservation verification: -**

*** For Persons with Benchmark Disabilities (PwBD) candidates:**

**a)** A Disability Certificate in Form V, Form VI or Form VII, as applicable under Rule 18(1) of the RPwD Rules, 2017 (Annexure V-A, V-B and V-C), is to be submitted.
**b)** The minimum benchmark disability is to be 40% or above.

**c)** Scribe Evaluation: Where a scribe has been availed, the original Undertaking (Annexure V-D and/or V-F) is to be verified, including compliance with the prescribed qualification requirement that the scribe is one level below the candidate's qualification.

*** For Ex-Servicemen (Ex-SM) candidates:**

**d)** The original Discharge Book/Service Certificate showing at least six months of continuous service after attestation is to be produced.

**e)** Serving defence personnel are required to produce the official certificate in Annexure-VII and the undertaking in Annexure-VIII of CEN 08/2024.

**f)** The release date is required to be on or before 01.03.2026 (or the applicable DV date).

**g)** Civil Employment Declaration: Where an Ex-SM has joined a civil post under the Central/State Government before DV, it is to be verified whether a formal declaration regarding the pending CEN 08/2024 application was submitted to the current employer. Such candidates are eligible for age relaxation only and not for horizontal quota reservation.

*** For Course Completed Act Apprentices (CCAA) candidates:**

**h) Mandatory Qualifications:**

**(i)** A National Apprenticeship Certificate (NAC) issued by the National Council of Vocational Training (NCVT) is required to be possessed.

**ii)** The apprenticeship training is required to have been undergone in a Railway Establishment (i.e. those who are trained in Zonal Railways, Workshops and Production Units).

**iii)** The date of appearance in the NCVT examination is required to be on or before 01.03.2025.

**iv)** The NCVT marks submitted online are required to match the physical mark sheets exactly.

**Important Note**: Non-Railway apprenticeships are not eligible. Graduate Act Apprenticeship or an Engineering Diploma/Degree is not to be accepted in lieu of CCAA/ITI. State Council for Vocational Training (SCVT) certificates, or trade certificates issued independently by Railways without NCVT/NAC, are not to be accepted.

**17. Serving Railway Employees (SRE) / Quasi-Administrative Staff:** Must produce a valid No Objection Certificate (NOC) and Service Certificate confirming 3 years of continuous/broken service. Shortlisted candidates should produce NOC from the employer during document verification, failing which their candidature will be cancelled. (Para 13.1. and 13.2 of CEN 08/2024)

**18. Moradabad (MB) Division Canteen Staff:** Verified against the nominal list (Annexure-F of PET Protocol / Supreme Court judgment in Mohan Singh & Ors.). Relaxed Educational Qualification: Class-VII Pass. Upper age limit: Relaxed up to 60 years.

**19.** EBC and EWS are distinct categories. EBC candidates should be aware that they are entitled only for fee concession and not to job reservation Mandatory non-judicial stamp paper affidavit in Annexure-IV formats, failing which their candidature will be rejected. (Para 7.2 of CEN 08/2024)

**20. Educational Qualification**

**a)** The Post Parameters, including educational qualification, medical standard and suitability of the post for PwBD, are as specified in Para 2.1 of CEN 08/2024.

**b)** Candidates must already have the Educational/Technical qualifications prescribed in Page 6 of 24the CEN from recognized Institute/University as on the last date (i.e., 01.03.2025) for submission of ONLINE application.

**c)** Those awaiting results of their final examination of the prescribed minimum educational/technical qualification SHOULD NOT apply.

**d)** A Diploma/Degree in Engineering is not to be accepted in lieu of Course Completed Act Apprenticeship/ITI for Level-1 posts, unless otherwise specified. Graduate Act Apprenticeship is not to be accepted in lieu of Course Completed Act Apprenticeship (CCAA).

**21.** Community / EWS Status: Must be valid and possessed as on 01.03.2025.

**22.** CCAA Cut-off: Must have appeared in the NCVT examination on or before 01.03.2025.

**23.** Ex-SM Cut-off: Serving defence personnel must be released on or before 01.03.2026 (or prior to actual DV date if recruitment exceeds one year).

**24.** Candidates are advised to fill in the self-declaration paragraph in the DV Call Letter only in the presence of the DV Committee officials.

**25.** Candidates should ensure that all documents are valid, legible, and properly arranged to avoid delays.

**26.** Candidate must surrender RRC copy of the e-Admit Card of DV to the DV committee while retaining the candidate's portion.

**27.** RRC/ER reserves the right to order cancellation in case of any candidate or a group of candidates, change of venue/date, or mode of DV.

**28.** Furnishing any false information or deliberate suppression of required factual information, detection of which at any stage will render candidates liable for disqualification and debarment from appearing for DV, engagement, or appointment in Railways or any other government job.

**29.** Any candidate found obstructing the conduct of the DV or creating disturbances at the DV venue shall be liable to cancellation of candidature and may be debarred from future Railway tests, with legal/criminal proceedings initiated. No re-DV will be conducted if disruption occurs due to instigation by candidates.

**30.** There shall be no claim for alternate appointment on the grounds of medical unfit, if any.

**31.** Decree of Divorce/Judicial Separation from the Competent Court of law and Affidavit stating that the Candidate has not remarried, if applicable.

**32.** Railway shall not be responsible for any loss/damage caused to candidates during Document Verification.

**33.** Merely being called for Document Verification and Pre-recruitment medical examination does not confer any right for appointment; post allotment is dependent on clearing Document Verification and Medical Examination.

**34.** Mobile phones, smartwatches, and electronic gadgets may be restricted inside the DV venue; candidates should follow instructions accordingly.

**35.** RRC/ER reserves the right to order cancellation in case of any candidate or a group of candidates, change of venue/date, or mode of DV.

**36.** Candidates are advised to regularly visit only the official website of RRB/RRC's (www.rrcer.org) for further updates and beware of FAKE websites and social media content.

**37.** Beware of touts and job racketeers attempting to deceive candidates with false promises. RRB/RRC never appoints agents or coaching centers. Candidates are selected purely on merit. Attempts to influence RRB/RRC directly or indirectly will lead to disqualification and possible legal action.

**38.** All necessary care has been taken while preparing the list for eligible candidates, but inadvertent human errors cannot be ruled out. RRC/Eastern Railway reserves the right to correct such mistakes whenever noticed.

**DA:** Annexures-A (Cut off marks), Annexure-B (Provisionally eligible list of the candidates for DV) and Annexures {I, II, IIA, III, IIIA, IV, V(A), V(B), V(C), V(D), and VII} of CEN 08/2024 notification.

-Sd-
Chairman
Railway Recruitment Cell
Eastern Railway

# Annexure-A

## (Cut off marks)

## HORIZONTAL

*** For Persons with Benchmark Disabilities (PwBD) candidates**

| | | |
|---|---|---|
| Visual Impairment (VI) | Blindness | 73.55940 |
| | Low Vision | 64.29534 |
| Locomotor Disability (LD) | | 63.61814 |
| Hearing Impairment (HI) | | 55.54798 |
| Multiple Disabilities (MD) | | 28.04516 |

*** For Ex-Serviceman (Ex-SM) candidates**

| | |
|---|---|
| UR | 40.08252 |
| SC | 37.38920 |
| ST | 37.37871 |
| OBC | 37.24823 |
| EWS | 44.44485 |

*** For Course Completed Act Apprentice (CCAA)**

| | |
|---|---|
| CCAA | 74.88665 |

## VERTICAL

| | |
|---|---|
| UR | 79.91357 |
| SC | 73.98307 |
| ST | 64.97673 |
| OBC | 79.60117 |
| EWS | 72.17430 |

**Annexure-B**

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|---|---|---|---|
| N82403242148 | N82412521202 | N82403865788 | N82411238673 |
| N82401174846 | N82410514276 | N82402668590 | N82412015522 |
| N82402666431 | N82402604569 | N82413408092 | N82402000883 |
| N82402213874 | N82412702820 | N82402555197 | N82405799031 |
| N82404006457 | N82401753682 | N82409309098 | N82403660357 |
| N82409397489 | N82414046198 | N82400186448 | N82413553439 |
| N82403548672 | N82405656400 | N82412056382 | N82402643333 |
| N82402381242 | N82400397920 | N82402895113 | N82416030421 |
| N82400368716 | N82402304930 | N82403802522 | N82409517597 |
| N82405281736 | N82405466769 | N82404432922 | N82400571603 |
| N82400511430 | N82403376922 | N82404743761 | N82405201108 |
| N82404860640 | N82400101034 | N82411470501 | N82400698793 |
| N82402543328 | N82403542067 | N82411850106 | N82405068069 |
| N82402454918 | N82412354314 | N82400486509 | N82409775928 |
| N82409040644 | N82400366224 | N82409239521 | N82403580670 |
| N82404112935 | N82410627128 | N82403326654 | N82410635921 |
| N82403032622 | N82404811599 | N82419303387 | N82404137206 |
| N82411002436 | N82412952827 | N82404281674 | N82404794203 |
| N82404094064 | N82406245371 | N82400055668 | N82411921105 |
| N82404618501 | N82411140472 | N82405541843 | N82402332214 |
| N82402305103 | N82405297923 | N82411392007 | N82411404725 |
| N82404459097 | N82401877854 | N82411202166 | N82402732358 |
| N82409059260 | N82402869303 | N82406962063 | N82400992741 |

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|---|---|---|---|
| N82400412204 | N82401657403 | N82405353507 | N82407368124 |
| N82410029770 | N82400774428 | N82404186249 | N82402579376 |
| N82404157060 | N82410750476 | N82405727384 | N82404043706 |
| N82402264142 | N82412783982 | N82419453784 | N82412705022 |
| N82402672932 | N82418520325 | N82411006135 | N82401595685 |
| N82419494939 | N82410938582 | N82405418198 | N82417843973 |
| N82402580112 | N82403550310 | N82400412058 | N82403664675 |
| N82400471220 | N82402579536 | N82400195747 | N82406045849 |
| N82404623613 | N82402418105 | N82403377850 | N82403490181 |
| N82402327274 | N82414915703 | N82410654716 | N82405816185 |
| N82405061538 | N82405019687 | N82404735727 | N82412074344 |
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| N82412375772 | N82417912729 | N82413910936 | N82405667506 |
| N82413227601 | N82403485931 | N82406312404 | N82411514716 |

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|---|---|---|---|
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| N82404131815 | N82416206281 | N82419869249 | N82400132986 |
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| N82412919766 | N82400600197 | N82418135575 | N82411975107 |
| N82404719096 | N82411177741 | N82404183832 | N82404531849 |
| N82405404920 | N82410766215 | N82410760537 | N82400749612 |
| N82406391238 | N82405974579 | N82411264808 | N82404348203 |
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| N82402935104 | N82404891774 | N82410730451 | N82412010568 |
| N82404149670 | N82408795764 | N82405013097 | N82412674895 |
| N82402038888 | N82400621097 | N82406071217 | |

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|---|---|---|---|
| N82414277455 | N82410727325 | N82404052187 | N82405428318 |
| N82404517367 | N82405667610 | N82400591590 | N82403978363 |
| N82419449696 | N82405503728 | N82407437022 | N82404470499 |
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| N82405025094 | N82410460461 | N82404802073 | N82417161978 |
| N82402739001 | N82413321890 | N82411558883 | N82402145703 |
| N82409091431 | N82404315211 | N82401578347 | N82413100058 |
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| N82412186094 |
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| N82419906582 |

| N82403187823 |
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| N82411027231 |
| N82402785292 |
| N82404039853 |
| N82412832832 |

| N82400168123 | N82401700035 | N82401738495 | N82400892778 |
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| N82416855269 | N82401114739 | N82400620128 | N82401358963 |
| N82416740231 | N82400993425 | N82400937512 | N82401835946 |
| N82401624501 | N82401470055 | N82401624741 | N82400653610 |
| N82408944957 | N82400667733 | N82403073738 | N82400660162 |
| N82400247035 | N82401314484 | N82401678942 | N82400596874 |
| N82404884329 | N82401002060 | N82402875170 | N82401311622 |
| N82415538304 | N82401789461 | N82400873642 | N82401063696 |
| N82409236414 | N82400967416 | N82401318202 | N82401219125 |
| N82402354375 | N82400566576 | N82400997410 | N82402880310 |
| N82403310800 | N82400980205 | N82401237530 | N82402760869 |
| N82401507357 | N82403083185 | N82400651784 | N82403944365 |
| N82402972997 | N82401378366 | N82400388542 | N82400906555 |
| N82403687613 | N82400533517 | N82400527192 | N82400976409 |
| N82412646753 | N82400649864 | N82401498833 | N82401427833 |
| N82423051892 | N82401204357 | N82401411642 | N82401046629 |
| N82413070344 | N82400945630 | N82401163819 | |
| N82423202856 | N82402827426 | N82401044523 | |
| N82400612219 | N82402778056 | N82401218811 | |
| N82403173459 | N82400775291 | N82400777928 | |
| N82412857385 | N82402991820 | N82401677589 | |
| N82402295613 | N82400717862 | N82402999601 | |
| N82402813696 | N82401589328 | N82400691627 | |
| N82412488340 | N82401300844 | N82401570691 | |

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| N82401597318 | N82407425515 | N82400942325 | N82401591835 |
| N82407412224 | N82402468769 | N82414705587 | N82401308477 |
| N82409589750 | N82412881676 | N82407931905 | N82401902336 |
| N82416916224 | N82403000982 | N82401637314 | N82413104811 |
| N82412319058 | N82411122435 | N82403265640 | N82412855750 |
| N82400713925 | N82406139294 | N82402856013 | N82404417873 |
| N82409876306 | N82401154823 | N82402552807 | N82413731276 |
| N82402323978 | N82401858972 | N82402704103 | N82402960297 |
| N82400756434 | N82401632095 | N82412065187 | N82403639994 |
| N82403138802 | N82405307061 | N82402356055 | N82402658937 |
| N82402869173 | N82412602688 | N82400736312 | N82402300137 |
| N82415489274 | N82400060136 | N82402817893 | N82403140263 |
| N82403552097 | N82400520519 | N82402359770 | N82403378981 |
| N82416067679 | N82400738644 | N82402965628 | N82402579835 |
| N82403554784 | N82412158665 | N82402960809 | N82406527470 |
| N82406008666 | N82403886650 | N82402700247 | N82401234111 |
| N82403137071 | N82414711234 | N82409720113 | N82400774245 |
| N82403426573 | N82402815556 | N82403114103 | N82400652966 |
| N82401610747 | N82402592209 | N82401467288 | N82402729141 |
| N82403032590 | N82402985366 | N82400920075 | N82400593841 |
| N82408161579 | N82401781279 | N82405839289 | N82402535025 |
| N82411540319 | N82415546166 | N82401266643 | N82402575458 |
| N82401463314 | N82415970596 | N82412388171 | N82403139949 |
| N82405744563 | N82403675438 | N82415675235 | N82404817634 |
| N82403722820 | N82403637669 | N82400931989 | N82411970402 |

| | | | |
|---|---|---|---|
| N82402455371 | N82408200718 | N82401151264 | N82419279435 |
| N82410155888 | N82412132456 | N82414177248 | N82402738225 |
| N82412993065 | N82402670477 | N82400151587 | N82400304393 |
| N82401360417 | N82402902312 | N82403636176 | N82415109444 |
| N82410507341 | N82402860487 | N82402948756 | N82402338180 |
| N82414692282 | N82411380897 | N82414178417 | N82403833162 |
| N82413129841 | N82403731701 | N82402897453 | N82401332606 |
| N82405645001 | N82403417609 | N82403601368 | N82402322654 |
| N82402622261 | N82401239962 | N82409287483 | N82406486264 |
| N82405217013 | N82400897670 | N82405102218 | N82403965114 |
| N82402941254 | N82403250230 | N82400657538 | N82413647507 |
| N82403181293 | N82404828205 | N82405031621 | N82400151226 |
| N82403601861 | N82416273573 | N82404138970 | N82401876669 |
| N82412793908 | N82400712369 | N82402841861 | N82403130710 |
| N82400434562 | N82409482977 | N82414364643 | N82403036726 |
| N82405593908 | N82405434246 | N82416018582 | N82403033976 |
| N82402527933 | N82402430276 | N82420083970 | N82403315772 |
| N82416619611 | N82413567737 | N82403727051 | N82406873737 |
| N82402553251 | N82413281636 | N82403602229 | N82403522234 |
| N82402962374 | N82404001221 | N82409841227 | N82406516925 |
| N82413967127 | N82403020732 | N82402583331 | N82413121661 |
| N82414657530 | N82401951424 | N82404433651 | N82405552359 |
| N82402784761 | N82417039372 | N82403498966 | N82410574762 |
| N82407448353 | N82402456001 | N82400796264 | N82402880247 |
| N82402394657 | N82420602833 | N82412819211 | N82401225270 |

| | | | |
|---|---|---|---|
| N82405078552 | N82405929688 | N82400456046 | N82404697110 |
| N82400443953 | N82415016989 | N82400564498 | N82400517850 |
| N82403165501 | N82403042783 | N82400440597 | N82405166255 |
| N82415233416 | N82402947665 | N82403015414 | N82400534727 |
| N82400910588 | N82400830465 | N82402574150 | N82403313952 |
| N82402690663 | N82412798179 | N82406139161 | N82404905590 |
| N82412563879 | N82403739626 | N82401090198 | N82401482280 |
| N82403138661 | N82403006411 | N82412750520 | N82400402927 |
| N82405975312 | N82413391669 | N82406147844 | N82402817082 |
| N82401668072 | N82405731897 | N82403721739 | N82401772567 |
| N82411900797 | N82411866616 | N82413120002 | N82400204311 |
| N82401063368 | N82403023157 | N82412873090 | N82403675379 |
| N82420775373 | N82403670013 | N82400774390 | N82403624514 |
| N82400823301 | N82402853263 | N82404454513 | N82406083196 |
| N82401649040 | N82400860456 | N82402749212 | N82410941553 |
| N82404047462 | N82415112108 | N82401270609 | N82408207799 |
| N82403257273 | N82402422324 | N82408048853 | N82402882602 |
| N82402854204 | N82406466361 | N82402466738 | N82402861664 |
| N82412235124 | N82412692944 | N82408143001 | N82400918139 |
| N82405419258 | N82401574389 | N82400853501 | N82403233724 |
| N82406958174 | N82419350649 | N82408083705 | N82404708924 |
| N82407799891 | N82404451153 | N82415351308 | N82402662387 |
| N82403089100 | N82400927338 | N82400889722 | N82400176569 |
| N82402405222 | N82406125487 | N82403070475 | N82400999243 |
| N82400477665 | N82401283239 | N82414234603 | N82409274053 |

Annexure I

## FORMAT OF CASTE CERTIFICATE FOR SC/ST CANDIDATES

This is to certify that Shri*/ Srimati/ Kumari* ..... son/daughter* of ……..... Village/Town……..... District/Division*.....of the..... State/Union Territory* 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.
@The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order 1951;
@The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order 1951;
[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order 1956, the Bombay Re-organisation Act 1960, the Punjab Re-organisation Act 1966, the State of Himachal Pradesh Act 1970, the North Eastern Areas (Re-organisation) Act 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act 1976]
@The Constitution (Jammu and Kashmir)* Scheduled Castes Orders, 1956
@The Constitution (Andaman and Nicobar Islands)* Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled *Tribes Orders (Amendment) Act, 1976
@The Constitution (Dadra and Nagar Haveli)* Scheduled Castes Order, 1962.
@The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962
@The Constitution (Pondicherry) Scheduled Castes Orders, 1964
@The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
@The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
@The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
@The Constitution (Nagaland) Scheduled Tribes Order, 1970.
@The Constitution (Sikkim) Scheduled Castes Order, 1978
@The Constitution (Sikkim) Scheduled Tribes Order, 1978
@The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.
@The Constitution (SC) Orders (Amendment) Act, 1990
@The Constitution (ST) Orders (Amendment) Ordinance Act, 1991
@The Constitution (ST) Orders (Amendment) Ordinance Act, 1996
@The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002
@The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.
@The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.
As amended from time to time.
% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.
This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes Certificate issued to Shri/ Srimati*.....father/mother* of Shri/Srimati/Kumari ……..……of Village/Town* …….....in District/ Division*.....of the State/Union Territory* ……..……. who belongs to the ……..... Caste*/Tribe which is recognised as a Scheduled Caste/ Scheduled Tribe in the Station/ Union Territory* issued by the .....dated.
%3. Shri /Srimati /Kumari* ……..…… and /or* his/ her* family ordinarily resides in Village/ Town* ..... District/ Division* ……. of the State/ Union Territory* of .....

**Place.....**
**Date.....**

**Signature.....**
**Designation.....**
**(with seal of Office)**
**State/ Union Territory.....**

* Please delete the words which are not applicable.
@ Please quote the specific presidential order.
% Delete the Paragraph, which is not applicable
Note: (a) The term "ordinarily reside(s)' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.Officers competent to issue Caste/Tribe certificates.
**1.** District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of first-Class Stipendiary Magistrate). **2.** Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.**3.** Revenue Officers not below the rank of Tehsildar. **4.** Sub-Divisional Officer of the area where the candidate and / or his / her family normally reside(s). **5.** Certificates issued by Gazetted Officers of the Central or of a State Government Countersigned by the District Magistrate concerned. **6.** Administrator/ Secretary to Administrator (Lakshaweep, Andaman & Nicobar Islands).

**Annexure II**

## FORMAT FOR OBC-NCL CERTIFICATE

### FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL) APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kumari .....son/daughter of Shri/Smt.*……..…of Village/Town..... in District/Division.....in the State/Union Territory …….. belongs to the ..... community which is recognised as a Backward Class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. …… Dated……..**.

Shri/Smt./Kum.* ……..... and/or his/her family ordinarily reside(s) in the……..... District/Division of the ……..... State/Union Territory.

**This is also to certify that he/she does not belong to the persons/sections (Creamy layer) mentioned in column 3** of the Schedule to the Government of India, Department of Personnel & Training OM No. 36012/22/93-Estt(SCT), dated 8.9.1993 and modified vide Government of India, Department of Personnel and Training OMNo.36033/1/2013-Estt. (Res) 13.09.2017***.

Date:…….

**District magistrate /Deputy Commissioner /Any other Competent Authority**

**Office Seal**

* Please delete the word(s) which are not applicable.

** The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

***As amended from time to time.

**NOTE:**

a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

b) The authorities competent to issue Caste Certificates are indicated below:

(i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner Deputy Collector / I$^{st}$ Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive/ Magistrate / Extra Assistant Commissioner (not below the rank of I$^{st}$ Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.

(iii) Revenue Officer not below the rank of Tehsildar and Sub-Divisional Officer of the area where the candidate and / or his family resides.

**Annexure IIA**

# SELF-DECLARATION BY OBC (NCL) CANDIDATE

**Proforma for declaration to be submitted by Other Backward Class Candidates during document verification, who had applied for the posts against Centralized Employment Notice No. 08/2024**

"I, …..... son/daughter of Shri ..... resident of Village/Town/City.....district ..... State…….....hereby declare that I belong to the ..... (indicate your sub-caste) community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36012/22/93-Estt.(SCT) dated 08.09.1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 08.03.1993 and its subsequent revision through O.M.No.36033/1/2013-Estt. (Res) dated 13.09.2017.

**Place:…….** **Signature of the Candidate……..……..……**

**Date:……..** **Name of the candidate …….……**

**RRB REGN. NO ……..……..……..**

**Government of_____**
**(Name & Address of the authority issuing the certificate)**

**Annexure III**

## INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWS)

**Certificate No. _____** **Date:_____**

**VALID FOR THE YEAR_____**

This is to certify that Shri/Smt./Kumari ……... son/daughter/wife of …… permanent resident of ……..Village/Street …… Post Office ……..... District …… in the State/Union Territory …… Pin Code ……. whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her "family"** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year …… His/her family does not own or possess any of the following assets***:

I. 5 acres of agricultural land and above;
II. Residential flat of 1000 sq. ft. and above;
III. Residential plot of 100 sq. yards and above in notified municipalities;
IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2 Shri/Smt./Kumari _____ belongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

**Recent Passport size Photograph of the Applicant to be attested by the authority issuing this certificate**

**Signature with seal of**

**Office_____**

**Name_____**

**Designation_____**

*** Note 1:** Income covered all sources i.e., salary, agriculture, business, profession, etc.
**** Note 2:** The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.
*****Note 3:** The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

The authorities competent to issue Income and Asset Certificate are indicated below:

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
(iii) Revenue Officer not below the rank of Tehsildar and
(iv) Sub-Divisional Officer or the area where the candidate and/or his family normally resides.

**Annexure III A**

## Income Certificate for Economically Backward Class ( EBC ) Candidates

**Proforma for Waiver of Examination Fees to be submitted by Economically Backward Class (EBC) candidates at the time of document verification against Centralized Employment Notification No. 08/2024**

**Certificate No.**

1. Name of Candidate: .....
2. Father's Name: .....
3. Age: .....
4. Residential Address: .....
5. Annual Family Income (In words & Figures): .....

**Date: .....** **Signature:…….**

**Name:……..……**

**Stamp of Issuing Authority:**

**Note**: Economically Backward Classes will mean the candidates whose family income is less than Rs 50,000/- per annum. The following authorities are authorized to issue income certificates for the purpose of identifying economically backward classes:

(1) District magistrate or any other Revenue Officer up in the level of Tahsildar.
(2) Sitting Member of Parliament of Lok Sabha for persons of their own Constituency.
(3) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.
(4) Union Minister for any persons from anywhere in the country.

**Annexure IV**

# DECLARATION

**Proforma for Waiver of Examination Fees to be submitted by Minority candidates at the time of Document Verification against Centralized Employment Notification No. 08/2024**

"I,..... son/daughter of Shri ..... resident of village/ town/ city….....district.....state..... hereby declare that I belong to the ..... (indicate minority community notified by Central Government i.e. Muslim/Sikh/Christian/Buddhist/Jain /Zoroastrians (Parsis)

**Date: …….** **Signature of the Candidate**

**Place: …….** **Name of the Candidate**

**Note :** At the time of document verification such candidates claiming waiver of examination fee will be required to furnish 'Minority Community Declaration' affidavit on Non Judicial Stamp paper that he / she belongs to any of the minority community notified by Central Government (i.e. Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrians (Parsis).

**ANNEXURE V(A)**

**FORM-V**

# Certificate of Disability

**(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness)**

**[See Rule 18(1)]**

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent Passport Size Attested Photograph

(Showing face only) of the person with disability

Certificate No.:.....Date: ……

**This is to certify that I have carefully examined**

Shri/Smt/Kum……..son/wife/ daughter of Shri……Date of Birth …….. (DD/MM/YYYY) Age……. Years, Male/Female…….. Registration No. …… Permanent Resident of House No. ……..Ward/Village/Street…….. Post Office…… District……State……, whose photograph is affixed above, and am satisfied that:

(A) He/she is a case of:

*Locomotor Disability

*Dwarfism

*Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is ……..…….

(1) He/She has ……% (in figure)…….. percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her ……..…. (part of body) as per guidelines (……..……number and date of issue of the guidelines to be specified).

(2) The applicant has submitted the following document as proof of residence:

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|---|---|---|
| | | |

Signature/Thumb Impression of the person in whose favour disability certificate is issued

**(Signature and Seal of Authorized Signatory of notified Medical Authority)**

**ANNEXURE V(B)**

# FORM-VI
## Certificate of Disability
### (In case of multiple disabilities)
### [See Rule 18(1)]
### (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Certificate No.:……..……..Date: ……..
1.This is to certify that we have carefully examined Shri/Smt./Kum ……..……..
son/wife/daughter of Shri……Date of Birth……..……
(DD/MM/YYYY) Age……years, Male/Female……Registration No. ……..…..Permanent Resident of House No. ……. Ward/Village/Street ……..……..……..whose photograph is affixed above and are satisfied that:

**Recent Passport Size Attested Photograph (Showing face only) of the person with disability**

(A) He/She is a case of **Multiple Disability.** His/Her extent of permanent physical impairment/disability has been evaluated as per guidelines ( ……. number and date of issue of the guidelines to be specified) for the disabilities ticked below and shown against the relevant disability in the table below:

| S. No. | Disability | Affected Part of Body | Diagnosis | Permanent Physical Impairment/ Mental Disability (in%) |
|---|---|---|---|---|
| 1 | Locomotors Disability | @ | | |
| 2 | Muscular Dystrophy | | | |
| 3 | Leprosy cured | | | |
| 4 | Dwarfism | | | |
| 5 | Cerebral Palsy | | | |
| 6 | Acid attack Victim | | | |
| 7 | Low Vision | # | | |
| 8 | Blindness | # | | |
| 9 | Deaf | £ | | |
| 10 | Hard of Hearing | £ | | |
| 11 | Speech and Language disability | | | |
| 12 | Intellectual Disability | | | |
| 13 | Specific Learning Disability | | | |
| 14 | Autism Spectrum Disorder | | | |
| 15 | Mental illness | | | |
| 16 | Chronic Neurological Conditions | | | |
| 17 | Multiple Sclerosis | | | |
| 18 | Parkinson's Disease | | | |
| 19 | Hemophilia | | | |
| 20 | Thalassemia | | | |
| 21 | Sickle Cell disease | | | |

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:
In **figures**: ……percent, In **words** : ……..percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.
3. Reassessment of disability is :
i) not necessary, Or
ii) is recommended/after ……Year ……..…months, and therefore this certificate shall be valid till ……(DD/MM/YYYY)
@ e.g. Left/Right/both arms/legs; # e.g. Single eye/both eyes; £e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

| Nature of Document | Date of issue | Details of authority issuing certificate |
|---|---|---|
| | | |

5. Signature and seal of the Medical Authority

| | | |
|---|---|---|
| | | |

**Name and seal of Member** **Name and seal of Member** **Name and seal of the Chairperson**

Signature/Thumb impression of the person in whose favour disability certificate is issued

**ANNEXURE V(C)**

**FORM-VII**

Certificate of Disability

**(In cases other than those mentioned in Forms V and VI)**

**[See Rule 18(1)]**

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent Passport Size Attested Photograph (Showing face only) of the person with disability

Certificate No.:……..Date: ……..……

1.This is to certify that we have carefully examined Shri/Smt./Kum……..……..……. son/wife/daughter of Shri…… Date of Birth…… (DD/MM/YYYY) Age ……..years, Male/Female……Registration No. ……..... Permanent Resident of House No. ……. Ward/Village/Street ……..……..whose photograph is affixed above and I am satisfied that He/She is a case of ……. Disability. His/Her extent of permanent physical impairment/disability has been evaluated as per guidelines (…..…… number and date of issue of the guidelines to be specified) for the disabilities ticked below and shown against the relevant disability in the table below:

| S. No. | Disability | Affected Part of Body | Diagnosis | Permanent Physical Impairment/ Mental Disability (in%) |
|---|---|---|---|---|
| 1 | Locomotor Disability | @ | | |
| 2 | Muscular Dystrophy | | | |
| 3 | Leprosy cured | | | |
| 4 | Cerebral Palsy | | | |
| 5 | Acid attack Victim | | | |
| 6 | Low Vision | # | | |
| 7 | Deaf | £ | | |
| 8 | Hard of Hearing | £ | | |
| 9 | Speech and Language disability | | | |
| 10 | Intellectual Disability | | | |
| 11 | Specific Learning Disability | | | |
| 12 | Autism Spectrum Disorder | | | |
| 13 | Mental illness | | | |
| 14 | Chronic Neurological Conditions | | | |
| 15 | Multiple Sclerosis | | | |
| 16 | Parkinson's Disease | | | |
| 17 | Haemophilia | | | |
| 18 | Thalassemia | | | |
| 19 | Sickle Cell disease | | | |

(B)In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows:
In figures: ……..percent, In words : …… percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

i) not necessary, Or

ii) is recommended/after ……Year ……months, and therefore this certificate shall be valid till ……(DD/MM/YYYY)

@ e.g. Left/Right/both arms/legs; # e.g. Single eye/both eyes; £e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

| Nature of Document | Date of issue | Details of authority issuing certificate |
|---|---|---|
| | | |

| | | |
|---|---|---|
| **Countersigned [(Countersignature and seal of the CMO/Medical Supdt.) Superintendent/Head of Government Hospital in case the certificate is issued by a medical authority who is not a government servant (with seal)]** | | **(Authorised Signatory of notified Medical Authority) (Name and Seal)** |

Signature/Thumb impression of the person in whose favour disability certificate is issued

**Note:** In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

## LETTER OF UNDERTAKING FOR USING SCRIBE

**ANNEXURE V(D)**

**NOTE:** Candidates who are Visually Impaired (VI)/candidates whose writing speed is affected by Cerebral Palsy /muscular dystrophy/ candidates with locomotor disability (one arm)/Intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

### PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate .....
2. Roll No .....
3. Name of CBT Center .....
4. Qualification of Candidate .....
5. Disability Type .....
6. Name of the Scribe .....
7. Date of Birth of the Scribe .....
8. Father's Name of the Scribe .....
9. **Address of the Scribe** :
   (a) Permanent Address .....
   .....
   (b) Present Address .....
   .....
10. Educational Qualification of the Scribe .....
    .....
    .....
11. Relationship, if any, of the Scribe to the Candidate .....

Paste here recent colour Passport Size Photograph of the SCRIBE of size 3.5 cmx 4.5cm (The colour photograph should not be more than 3 months old.

Signature of SCRIBE in the above box below the photograph

**12. DECLARATION:**

i) We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/ been read out the instructions of the Railway Recruitment Board regarding conduct of the candidates assisted by Scribe/Scribes at this examination and hereby undertake to abide by them.

ii) We declare that the Scribe himself/herself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.

iii) We declare that the scribe has not acted/will not act as Scribe to any other candidate of this examination.

(Signature of the Candidate)

(Signature of the Scribe)

**Left thumb impression of the Candidate in the box given above**

**Left thumb impression of the Scribe in the box given above**

**Signature of the Invigilator**

**ANNEXURE-V(E)**

## CERTIFICATE FOR PERSON HAVING LESS THAN 40% DISABILITIES

| Paste here your recent colour Photograph showing the disability (The photograph should be attested by the Chairperson of the Medical Board) |
|---|
| |

Signature of candidate in the above box below the photograph

1 Certificate for person with specified disability covered under the definition of Section 2(s) of the RPwD act, 2016 but not convert under the definition of section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

This is to certify that, we have examined Mr/Ms/Mrs _____ (name of the candidate), S/o /D/o _____, a resident of _____ (Vill/PO/PS/District/State), aged _____ yrs, a person with _____ (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive, device such as prosthetics & orthotics, hearing aid (name to be specified) which is/are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid up to _____ **(it is valid for maximum period of six months or less as may be certified by the medical authority)**

**Signature of medical authority**

| **Signature & Name** | **Signature & Name** | **Signature & Name** | **Signature & Name** | **Signature & Name** |
|---|---|---|---|---|
| Orthopedic/ PMR Specialist | Clinical Psychologist / Rehabilitation Psychologist/Psychiatrist/ Special Educator | Neurologist (If available) | Occupational therapist (if available) | Other Expert, as nominated by the Chairperson (if any) |
| (Signature & Name) | | | | |
| Chief Medical Officer / Civil Surgeon / Chief District Medical Officer …….. Chairperson | | | | |

Name of Government Hospital/Health Care Centre with Seal

**Place: …….**

**Date: ..…….**

**ANNEXURE-V(F)**

## LETTER OF UNDERTAKING BY THE PERSON HAVING LESS THAN 40% DISABILITIES AND HAVING DIFICULTY IN WRITING

**NOTE**: Candidates who are Visually Impaired (VI)/candidates whose writing speed is affected by Cerebral Palsy /muscular dystrophy/ candidates with locomotor disability (one arm)/Intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

### PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate .....
2. Roll No .....
3. Name of CBT Center .....
4. Qualification of Candidate .....
5. Disability Type .....
6. Name of the Scribe .....
7. Date of Birth of the Scribe .....
8. Father's Name of the Scribe .....
9. **Address of the Scribe :**

(a) Permanent Address .....
.....
.....

(b) Present Address .....
.....

10. Educational Qualification of the Scribe .....
.....
.....

11. Relationship, if any, of the Scribe to the Candidate .....

| Paste here recent colour Passport Size Photograph of the SCRIBE of size 3.5 cmx 4.5cm (The colour photograph should not be more than 3 months old. |
|---|
| |

**Signature of SCRIBE**
**in the above box below the photograph**

12. **DECLARATION:**

i) We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/ been read out the instructions of the Railway Recruitment Board regarding conduct of the candidates assisted by Scribe/Scribes at this examination and hereby undertake to abide by them.

ii) We declare that the Scribe himself/herself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.

iii) We declare that the scribe has not acted/will not act as Scribe to any other candidate of this examination.

_____ (Signature of the Candidate)

**Left thumb impression of the Candidate in the box given above**

_____ (Signature of the Scribe)

**Left thumb impression of the Scribe in the box given above**

Signature of the Invigilator

**ANNEXURE-V(G)**

## CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

This is to certify that, I have examined Mr/Ms/Mrs_____ ___ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o _____ a resident of _____ (Village/District/State) and to state that he/she has physical limitation which hampers his/ her writing capabilities owing to his/ her disability.

Signature
Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government health care institution
Name & Designation
Name of Government Hospital/ Health Care Centre with Seal

Place:…….
Date:…….

**Note :**

Certificate should be given by a specialist of the relevant stream/ disability (eg. Visual impairment – Ophthalmologist, Locomotor disability – Prthopaedic specialist/ PMR)

**ANNEXURE-VI**

## PROFORMA OF CERTIFICATE FOR EMPLOYED OFFICIALS APPLYING UNDER EX-SERVICEMEN CATEGORY

01. It is informed that Shri/Kum/Smt _____ working as _____ (rank) in _____(unit/office) has applied for the post of _____ as advertised by _____ (name of recruiting agency) vide Advt. No. _____ dated _____.

02. I hereby, with the information available, certify in respect of Shri/Kum/Smt _____ (name) No. _____ (Rank), as follows:-

i. He/She will be completing the prescribed period of engagement of _____ years (in words) for acquiring Ex-serviceman status, subject to fulfillment of other condition, on _____ (date). Shri/Kum/Smt _____ shall complete _____ years of service (in words) on the date of No Objection Certificate and _____ years of service (in words) at the time of leaving of military service.

ii. He/She will be released on selection to the post.

**Place:…….**

**Date:……..**

**Commanding Officer**
**(Signature)**

**Office Seal**

**ANNEXURE-VII**

## FORM OF UNDERTAKING TO BE GIVEN BY CANDIDTES APPLYING FOR CIVIL POSTS UNDER EX-SERVICEMEN CATEGORY

1. I understand that, if selected on the basis of the recruitment/examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to ex-servicemen in terms of the Ex-servicemen (Re-employment in Central Civil Services and Posts) Rules, 1979, as amended from time to time.

2. I also understand that as per DoPT OM No. 36034/1/2014-Estt(Res), dated: 14.8.2014, if I apply for various vacancies before joining any civil employment, I can avail of the benefit of reservation as Ex-Serviceman for any subsequent employment provided that to avail of this benefit, as soon as I join any civil employment. I should give self-declaration/undertaking to the concerned employer about date-wise details of application for various vacancies for which I had applied for before joining the initial civil employment, in respect of vacancies which are filled on direct recruitment and wherever reservation ís applicable to the Ex-Servicemen.

**Place: …….** **Signature of Candidates**

**Date: ……..**