

FORM OF CASTE CERTIFICATE FOR SC/ST

(The Form of the certificate to be produced by Scheduled Castes & Scheduled Tribes candidates applying for appointment to posts under the Govt. of India)

This is to certify that Shri/Smt./Kum*
 Son/Daughter* ofof Village/Town*.....
 in District /Division *..... of State/ Union Territory*.....
 belongs to theCaste / Tribe* which is recognized
 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) Order 1951*
 - The Constitution (Scheduled Tribes) (Union Territories) Order 1951*
- (As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Re-organization Act 1960, the Punjab Re-organization Act, 1966, the State of Himachal Pradesh Act, 1970, and the North Eastern Area Re-organization Act, 1971, and Scheduled castes & the Scheduled Tribes Order (Amendment Act, 1976).
- The Constitution (Jammu and Kashmir) Scheduled Caste Order 1956@.
 - The Constitution (Andaman and Nicobar Island) Scheduled Tribes Order 1959@ as amended by the Scheduled Castes and Scheduled Tribes order (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 Order, 1964@.
 - The Constitution Scheduled Tribes (Uttar Pradesh) 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@.

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

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

Place.....

Date:

(* Please delete the words which are not applicable.

@ Please quote specific Presidential Order.

Note : i) The term *Ordinarily reside(s)** used will have the same meaning as in section 20 of the Representation of the Peoples Act, 1950.

**Officers competent to issue Caste/Tribe Certificates :

**District Magistrate/ Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector/ 1st Class Stipendiary Magistrate / City Magistrate / Sub Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner. (Not below the rank of 1st class Stipendiary Magistrate)/ Chief Presidency Magistrate / Additional Chief Presidency Magistrate/Presidency Magistrate/Revenue Officers not below the rank of Tahsildar. / Sub Divisional Officer of the area where the candidate and / or his /her family normally reside(s).

Note: ST candidates belong to Tamilnadu State should submit caste certificate ONLY from the REVENUE DIVISIONAL OFFICER.

OBC CERTIFICATE FORMAT**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA.**

This is to certify that Shri/Smt/Kum*
 Son/Daughter* of Shri..... of
 Village /Town District in

State belongs to community which is recognized as backward class
 under

(indicate the Sub Caste above)

1. Resolution No. 12011/68/93-BCC@dtd 10th September 1993, published in the Gazette of India-Extraordinary Part-I, Section 1. No. 186 dated 13th September 1993.
2. Resolution No. 12011/9/94-BCC dated 19th October 1994, published in the Gazette of India-Extraordinary Part-I, Section I. No. 163, dated 20th October 1994.
3. Resolution No. 12011/7/95-BCC dtd 24th May 1995, Published in the Gazette of India-Extraordinary Part-I, Section I. No. 88 dtd 25th May 1995.
4. Resolution No. 12011/44/96-BCC dtd 6th December 1996, published in the Gazette of India-Extraordinary Part-I, Section I. No. 210, dated 11th December 1996.
5. Resolution No. 12011/68/93-BCC, Published in Gazette of India – Extra Ordinary – No. 129, dated the 8th July 1997.
6. Resolution No. 12011/12/96-BCC, Published in Gazette of India – Extra Ordinary – No. 164 dated the 1st Sept. 1997.
7. Resolution No. 12011/99/94-BCC, Published in Gazette of India – Extra Ordinary – No. 236 dated the 11th Dec. 1997.
8. Resolution No. 12011/13/97-BCC, Published in Gazette of India – Extra Ordinary – No. 239 dated the 3rd Dec. 1997.
9. Resolution No. 12011/12/96-BCC, Published in Gazette of India – Extra Ordinary – No. 166 dated the 3rd August 1998.
10. Resolution No. 12011/68/93-BCC, Published in Gazette of India – Extra Ordinary – No. 171 dated the 6th August 1998.
11. Resolution No. 12011/68/98-BCC, Published in Gazette of India – Extra Ordinary – No. 241 dated the 27th Oct. 1999.
12. Resolution No. 12011/88/98-BCC, Published in Gazette of India – Extra Ordinary – No. 270 dated the 6th Dec. 1999.
13. Resolution No. 12011/36/99-BCC, Published in Gazette of India – Extra Ordinary – No. 71 dated the 4th April 2000.

Shri/Smt/Kum*..... and / or his/her family ordinarily
 reside(s) in the District of theState.

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 and Training O.M. No. 36012/22/93/Estt. (SCT) dated 08.09.1993) and modified vide Government of India, Department of Personnel and Training O.M. No. 36033/3/2004/Estt.(RES). dated 09.03.2004.

Place:

Date: (with seal of office)

ANNEXURE -IV

Proforma for declaration to be submitted by Other Backward Class Candidates along with the application while applying for the posts against Employment Notice No.....of RRB

DECLARATION

"Ison/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 08.09.1993 and its subsequent through O.M. No.36033/3/2004-Estt.(Res.) dated 09.03.2004"

Place:
Date:

Signature of the Candidate
Name of the candidate

**FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)
NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No.

Date :

DISABILITY CERTIFICATE

1. This is certified that Smt/Shri/Kum
son/daughter of Shri
age, sex Male/Female having identification marks as below

.....
is suffering from permanent disability of following category :

A. Locomotor or cerebral palsy:

- (i) BL- Both legs affected but not arms.
- (ii) BA- Both arms affected (a) Impaired reach
(b) Weakness of grip.
- (iii) OL- One leg affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (iv) OA- One arm affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (v) BH- Stiff Back and hips (cannot sit or stoop)
- (vi) MW- Muscular Weakness and limited physical endurance.

B. Blindness or Low Vision:**(C) Hearing Impairment:**

- (i) B- Blind (ii) PB- Partially Blind (i) D- Deaf (ii) PD - Partially Deaf.

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.
Re- assessment of this case is not recommended / is recommended after a period
of year Months.
3. Percentage of disability in his / her case is Percent.
4. Smt./Shri/Kum..... meets the following physical requirement for discharge of
his/her duties.
- | | | | |
|--------|---|-----|----|
| (i) | F-can perform work by manipulating with fingers | Yes | No |
| (ii) | PP-can perform work by pulling and pushing | Yes | No |
| (iii) | L--can perform work by lifting | Yes | No |
| (iv) | KC-can perform work by kneeling and crouching | Yes | No |
| (v) | B-can perform work by bending | Yes | No |
| (vi) | S-can perform work by sitting | Yes | No |
| (vii) | ST-can perform work by standing | Yes | No |
| (viii) | W-can perform work by walking | Yes | No |
| (ix) | SE-can perform work by seeing | Yes | No |
| (x) | H-can perform work by hearing/speaking | Yes | No |
| (xi) | RW-can perform work by reading and writing | Yes | No |

(Signature of Doctor)

Name:

Registration No.:

Member Medical Board

(Signature of Doctor)

Name:

Registration No.:

Member Medical Board

(Signature of Doctor)

Name:

Registration No.:

Member Chairperson,
Medical Board

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

in the above box below
the photograph

* Please delete the words which are not applicable

Place :

Date :

**Counter Signature of the Medical Superintendent/CMO/
Head of Hospital (with seal)**

Note : (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-section (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor/hearing & speech disability, mental retardation and leprosy cured, as the case may be.

(ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.

DECLARATION TO BE SUBMITTED BY VISUALLY HANDICAPPED CANDIDATES /THOSE CANDIDATES WHOSE WRITING SPEED IS AFFECTED BY CEREBRAL PALSY. PARTICULARS OF THE SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE.

- 1 Name of the Candidate
- 2. Date of Birth of the Candidate
- 3. Name of the Scribe
- 4. Father's Name of the Scribe
- 5. Address of the Scribe
 - (a) Permanent Address :
 -
 - (b) Present Address :
 -
- 6. Educational qualification of the scribe
-
-
- 7. Relationship, if any, of the scribe to the candidate

Control No.(for office use)
Paste here recent colour passport size photograph of the scribe of size 4 cm x 5 cm (The colour photograph should not be more than 3 months old)

Signature of scribe in above Box below the photograph

8. DECLARATION

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 visually challenged candidates /scribes at this examination and hereby undertake to abide by them. We also declare that:

- (a) The academic qualification of the Scribe is below the qualification prescribed for the post applied for.
- (b) The academic discipline of the scribe is same as of the candidate since the application is for the General post/the academic discipline of the scribe is different from that of the candidate as the application is for a specialist post.(Delete the portion not applicable).

*Strike out which is not applicable.

.....
(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.