

Proforma for Medical Certificate to be obtained from an Eye Specialist by candidates who have applied for the posts of Traffic Apprentice (Cat. No. 2)/Goods Guard (Cat. No. 4) against CEN No. 03/2015.

Paste here your recent colour passport size photograph of size 3.5 cm x 3.5 cm (The colour photograph should not be more than 3 months old)
The photograph should be attested by the eye specialist

I have checked up Smt./Shri/Kumari
..... who has applied for the post of Traffic Apprentice/Goods Guard in Railways. Acuity of vision/colour vision of his/her has been tested in view of the following standards required for appointment on the Railways.

Signature of candidate
in the above box below the photograph

Post	Class	Distant vision	Near vision	Colour vision Ishihara
Traffic Apprentice / Goods Guard	A-2	6/9, 6/9 without glasses with fogging test	Sn 0.6/0.6 without glasses	Normal

Smt./Shri/Kumari fully conforms to the above vision standards.

Name of the Eye Specialist

Registration No. of the Eye Specialist.

Place:

Date:

(Signature & Seal of the Eye Specialist)

FORM OF CASTE CERTIFICATE FOR SC/ST

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.

2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

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 State/ Union Territory*
issued by thedated.

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.

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. 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 (Laccadive, Minicoy and Admindivi Islands).

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./Kumari.....son/daughter ofof Village/Townin 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 O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013**.

**DISTRICT MAGISTRATE /
DY. COMMISSIONER ETC.**

Date:

(Seal)

*_ The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate as OBC.

**_ As amended from time to time.

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**Proforma for declaration to be submitted by Other Backward Class
Candidates at the time of document verification, who had applied for the
posts against Employment Notice No CEN 03/2015**

DECLARATION

"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 recognised 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 through O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013."

Place:

Signature of the Candidate

Date:

Name of the candidate

FORMAT OF INCOME CERTIFICATE TO BE ISSUED ON LETTER HEAD

DECLARATION

**For Waiver of Examination Fees for RRB Examination
(Economically backward classes only)**

1. Name of Candidate :
2. Father's Name :
3. Age :
4. Residential Address :
5. Annual Family Income (In words & Figures) :
6. Date of Issue :
7. Signature : Name
8. Stamps of Issuing Authority :

Note: Economically Backward classes will mean the candidates whose family income is less than ₹50,000/- per annum. The following authorities are authorized to issue income certificates for the purpose of indentifying 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 responsibility (3) BPL Card or any other certificate issued by Cetral Government under a recognized poverty alleviation programme or Izzat MST issued by Railways. (4) Union Minister may also recommend to Chairman /RRBs for any persons from anywhere in the country. (5) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.

**SELF DECLARATION OF MINORITY CANDIDATES FOR WAIVER OF EXAMINATION
FEE FOR RRB EXAMINATIONS**

**(Proforma for declaration to be submitted by Minority candidates at the time of Document Verification,
who have applied post(s) against Centralised Employment Notice No 03/2015.)**

DECLARATION

"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 / Zorastrians (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 / Zorastrians (Parsis)).

FROM-II

Disability Certificate

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

(See Rule 4)

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

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

Certificate No.:

Date:

This is to certify that I have carefully examined

Shir/Smt./Kum.....

son/wife/daughter of Shri.....

Date of Birth..... Age.....Years, Male/Female.....
(DD/ MM / YY)

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

*Blindness (Please tick as applicable)

(B) The diagnosis in his/her case is

(1) He/She has% (in figure percent (in words) permanent physical impairment/blindness in relation to his/her (part of body) as per 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 and Seal of Authorized
Signatory of notified Medical Authority)

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

FORM-III
Disability Certificate
(In case of multiple disabilities)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See Rule 4)

Recent PP size Attested Photograph(Showing Face only) of the person with disability

Certificate No. :

This is to certify that we have carefully examined
 Shri/Smt./Kum.....son/wife/daughter of
 Shri.....
 Date of Birth.....Age.....years, Male/Female.....
 (DD/MM/YY)

Registration No.Permanent Resident of House No..... Ward/Village/Street.....
 whose photograph is affixed above and are satisfied that:

(A) He/She is a case of **Multiple Disability**. His/Her extent of permanent physical impairment/disability has been evaluated as per 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	Low Vision	#		
3	Blindness	Both Eyes		
4	Hearing Impairment	£		
5	Mental Retardation	x		
6	Mental-illness	x		

(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

- This condition is progressive/non-progressive/likely to improve/not likely to improve.
- Reassessment of disability is :
 - not necessary,
 Or
 - is recommended/afteryearmonths, and therefore this certificate shall be valid till(DD/MM/YY)

@ 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

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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

FORM – IV

Disability Certificate

(In cases other than those mentioned in Forms II and III)

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

(See Rule 4)

Recent PP 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 Age years, Male/Female.....
(DD) (MM) (YY)

Registration No. Permanent Resident of House No.

Ward/Village/Street Post Office District State

whose photograph is affixed above, and am satisfied that he/she is a case Disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is 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	Low Vision	#		
3	Blindness	Both Eyes		
4	Hearing Impairment	£		
5	Mental Retardation	x		
6	Mental-illness	x		

(Please strike out the disabilities which are not applicable)

2. The above 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 years months, and therefore this certificate shall be valid till

(DD) (MM) (YY)

@ 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

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

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

[(Countersignature and seal of the CMO/Medical
Superintendent/Head of Government Hospital in case the
certificate is issued by a medical authority who is not a government
servant (with seal)]**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.**Note** : The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.