

Annexure – “B”

PROFORMA FOR CASTE CERTIFICATE FOR SC/ST APPLICANTS

(Format of certificate to be produced by a Applicants belonging to Scheduled Castes or Scheduled Tribes in support of Claim)

This is to certify that Shri / Smt. / Kum* _____ Son / Daughter* of _____ of village / town* _____ District / Division* _____ of State / Union Territory* _____ belongs to the _____ Caste / Tribe* which is recognized as a Scheduled Caste / Scheduled Tribe* under :

- The Constitution (Scheduled Caste) / (Scheduled Tribes) Order, 1950.
 - The Constitution (Scheduled Caste) (Union Territories) Order, 1951.
 - The Constitution (Scheduled Tribes) (Union Territories) order, 1951 (as amended by the Scheduled Caste 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 Caste / Scheduled Tribes Order (Amendment) Act, 1976.
 - The Constitution (Jammu and Kashmir) Scheduled Caste / Scheduled Tribe Order, 1956.
 - The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
 - The Constitution (Dadra and Nagar Haveli) Scheduled Castes / 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 / Scheduled Tribes Order, 1968.
 - The Constitution (Nagaland) Scheduled Tribes Order, 1970.
 - The Constitution (Sikkim) Scheduled Caste / Scheduled Tribes Order, 1978.
 - The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989.
 - The Constitution (SC) Orders (Amendment) Act, 1990.
 - The Constitution (ST) Orders (Amendment) Act, Ordinance 1991.
 - The Constitution (ST) Orders (Second Amendment) Act, 1991.
 - The Constitution (ST) Orders (Amendment) Ordinance, 1996.
2. Application in the case of Scheduled Caste / Scheduled Tribe Persons who have migrated from One State / Union Territory Administration.

This certificate is issued on the basis of Scheduled Caste / Scheduled Tribe certificate issued to Shri / Smt. / Kum* _____ Father / Mother of Shri / Smt. / Kum _____ of Village / town in District / Division* _____ of State / Union Territory _____ who belongs to the _____ Caste / Tribe* which is recognized as a Scheduled Caste / Scheduled Tribe * in State / Union Territory * _____ issued by the _____ (Name of prescribed authority) vide their No. _____ dated _____.

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

Signature _____
Designation _____
(With Seal of Office)

(* Please delete the words which are not applicable (*) Please quote specific presidential offer (*). Delete the Paragraph which is not applicable. (*)

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

List of Authorities empowered 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.
2. Chief Presidency Magistrate/additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenues Officers not below the rank of Tehsildar.
4. Sub Divisional Officer of the area where the Applicants and / or his family normally resides.

ANNEXURE –‘C’

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 of _____
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 O.M.No.36033/1/2013-Estt.
(Res) dated 27.05.2013 and 13.09.2017*.

Date :

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

ANNEXURE – “D”

PROFORMA FOR DECLARATION TO BE SUBMITTED BY OTHER BACKWARD CLASS APPLICANTS ALONG WITH THE APPLICATION WHILE APPLYING FOR THE POST AGAINST EMPLOYMENT NOTICE NO. RRC/NCR/01/2021 APPRENTICE OF NCR RAILWAY

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 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 person / sections (Creamy Layer) mentioned in column 3 of the Scheduled 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: _____

Signature of the Applicants _____

Date: _____

Name of the Applicants _____

ANNEXURE – “E”

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

Certificate No. _____ Date _____

(Paste here recent passport size colour photograph of the Applicants of size 4 cm x 5 cm)

Signature of Applicants

1. This is to certify that Smt. / Shri / Kum* _____ Son / daughter of Shri _____, Male / Female having identification marks as below _____ is suffering from Permanent disability of following category.

A. Loco motor 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 : (i) B-Blind, (ii) PB-Partially Blind, C Hearing Impairment : (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

*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 whom at least one shall be a specialist in the particular field for assessing locomotors/ hearing and 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.

ANNEXURE – “F”

Disability Certificate FORM (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 <u>disability</u>

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 :

(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 :

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/Mental Disability(in%)
1	Loco-Motor 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

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
(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)	

Government of _____
(Name & Address of the Authority Issuing the Certificate)

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

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. yard 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).

Signature with Seal of
Office _____
Name _____

Recent Passport size Attested Photograph of Designation _____ the Applicant
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*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.

SCHEDULE-II (See Rule 4)

**Medical Fitness Certificate for Standard of physical fitness for Act
Apprentice Training in North Central Railway**

Name of the Candidate -
 Father Name -
 Category -
 Date of Birth/Age - Trade &
 Name of Workshop/Unit -
 Permanent identification marks

Recent passport size
photo as uploaded in
Application Form

Photo to be attested by
Medical Officer

1.
 ...
 2.

SN	Standard of physical fitness	Observation of Medical Officer
1	A candidate should be free evidence of any contagious or infectious disease. He should not be suffering from any disease which is likely to be aggravated by service or is likely to render him unfit for service or endanger the health of the public. He should also be free from evidence of tuberculosis in any form, active or healed.	
2	<u>Height, Weight And Chest-</u> Candidates should satisfy the following minimum standards, namely:- Height : 137 centimetres; Weight: 25.4 Kilogram; Chest expansion should not be less than 3.8 centimetres irrespective of size of chest: Provide that where a candidate does not satisfy the said minimum standards but is certified in writing by a Medical Officer not below the rank of an Assistant Surgeon (Gazetted), to be physically fit for being engaged as an apprentice in a particular trade under the Apprentices Act,1961, he may be engaged as an apprentice in that trade.	
3	<u>EYES</u> There should be no evidence of any morbid condition of either eye of the lids of either eye which may be liable to risk of aggravation of recurrence. Standard of Vision (A) Visual acuity: *Candidates having vision in one eye shall eligible to undergo apprenticeship training except in the following seventeen trades, namely:- (1) Electrician Aircraft (2) Watch and Clock mechanic (3) Driver cum Fitter (4) Surveyor (5) Process Cameraman (6) Sirdar (7) Rigger(Engg. & Chem. Industry) (8) Short firer/Blaster(Mines) (9) Mate(Mines) (10) Mech. Radio & Radar Aircraft (11) Ceramic Modular (12) Ceramic Caster (13) Ceramic Kiln Operator (14) Ceramic Press Operator (15) Ceramic Modeller (16) Ceramic Decorator (17) Optical worker. * Substituted vide GSR 221 dated 21st April 1993. (B) Colour vision: Not required	
4	<u>EARS</u> Hearing must be good in both ears and there should be no sign of suppurative disease. No hearing aid shall be permitted.	
5	<u>SKIN</u> There should be no evidence of acute or chronic skin disease or chronic ulceration.	
6	<u>SPEECH:</u> Speech should preferably be without impediment.	

7	<u>ALIMENTARY SYSTEM:</u> 1. Candidates should have sufficient number of natural teeth (in healthy state) for mastication.	
	2. Spleen should not be palpably enlarged and there should be no evidence of tenderness in the splenic area. 3. Liver should not be palpable or tender. 4. There should be no oral sepsis. 5. There should be no sugar in the urine. 6. Candidates should not be suffering from hemorrhoids, fissures in and testis anal hernia or bubonocoele or Ischia-rectal abscess or hydrocele.	
8	<u>CARDIO VASCULAR SYSTEM:</u> 1. Blood pressure should not exceed 85 diastolic and 140 systolic. 2. Candidates with low blood pressure (i.e. systolic below 100) should be rejected. 3. There should be no sign of any cardiovascular disease.	
9	<u>RESPIRATORY SYSTEM:</u> Candidates should be free from all diseases of respiratory system. There should be no deformity of chest which may cause impediment to breathing.	
10	<u>GENITO URINARY SYSTEM</u> There should be no evidence of genito urinary disease or any abnormality.	
11	<u>SKELETAL SYSTEM:</u> 1. The function of all limbs should be within normal limits. 2. There should be no evidence of serious deformity of the spinal column or of the extremities.	
12	<u>NERVOUS SYSTEM:</u> There should be no evidence of any disease of nervous system or of any mental disease.	
13	<u>GLANDULAR SYSTEM:</u> There should be no evidence of tuberculosis or other disease of the glandular system including the endocrine glands.	

Above medical fitness certificate should be signed by Government authorized Doctor (Gaz), not below rank of Asst. Surgeon of Central/State Hospital.

Signature of Medical Officer

Name of Medical Officer

Registration No.

Designation

Name of Central/State Govt. Hospital

Seal of Medical Officer signing the certificate.....

(Should be printed on both side of the paper.)

A.K.M. 29
29/7/21