



**WESTERN RAILWAY**



Personnel Department,  
Headquarter Office,  
Churchgate,  
Mumbai-400 020.

E(HQ)890/2/12(Steno)Apprentice

Date-10/03/2022

To  
All Candidates (list enclosed)

Sub: Document Verification for Engagement of Apprentice under Apprentice  
ACT,1961 Western Railway.

Ref: RRC's notification no. RRC/WR/01/2021/Apprentice dt.18.05.2021

\*\*\*\*\*

You are advised to report to **Dy.CPO(HQ) 3rd floor Old Buildg.,Western Railway Headquarter office Churchgate Mumbai-400020** on **22.03.2022 (for Sr. No 01 to Sr. No. 43)**, on **23.03.2022 (for Sr. No 44 to Sr. No. 87)** and on **24.03.2022(for Sr. No. 88 to Sr. No. 130)** to (as per list enclosed) (as per list enclosed)(no second chance will be given whatsoever for any reason)along with Original Document & two set Xerox copies of all certificates/documents i.e HSC,ITI,SSC, Valid Caste certificate (as per Annexure enclosed),Disability Certificate (as per Annexure enclosed),Income & Asset Certificate (as per Annexure enclosed),Medical Fitness Certificate(as per Annexure enclosed)

(Note: The candidates who want to avail the benefits of reservation of SC/ST/OBC/EWS must produce the caste certificate on Central Government format issued by appropriate authority as per annexure specified in the notification dt.18.05.2021( non-creamy layer certificate issued on or after 01.04.2020 in case belong to OBC community) at the time of document verification.

**No benefits of reservation will be given to the candidates if caste/non-creamy layer certificate is not submitted as mentioned above.**

Digitally Signed by B  
Mahapatra ( B,Mahapatra )  
Date: 11-03-2022 11:35:06  
For General Manager (E)  
Reason: Approved

Encl: All annexure.

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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 / I<sup>st</sup> 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 FORMATFORM 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 ALONGWITH THE APPLICATION WHILE APPLYING FOR THE POST AGAINST EMPLOYMENT NOTICE NO. RRC/WR/04/2018 APPRENTICE OF WESTERN 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 \_\_\_\_\_

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

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

**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.

**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  
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 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 &amp; Address of the Authority Issuing the Certificate)

## INCOME &amp; 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).

Recent Passport size  
Attested Photograph of  
the Applicant

Signature with Seal of

Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

**\*Note1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.

**\*\*Note2 :** 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.

**Annexure – “H”****SCHEDULE-II (See Rule 4)****Medical Fitness Certificate for Standard of physical fitness  
for Act Apprentice Training in Western Railway**

Name of the Candidate - .....

Father Name - .....

Category - .....

Date of Birth/Age - .....

Trade &amp; Name of Workshop/Unit - .....

Permanent identification marks

1. ....

2. ....

**Recent passport size  
photo as uploaded in  
Application Form****Photo to be attested  
by Medical Officer**

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	<b><u>Height, Weight And Chest-</u></b> 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	<b><u>EYES</u></b> 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	<b><u>EARS</u></b> Hearing must be good in both ears and there should be no sign of suppurative disease. No hearing aid shall be permitted.	
5	<b><u>SKIN</u></b> There should be no evidence of acute or chronic skin disease or chronic ulceration.	
6	<b><u>SPEECH:</u></b> Speech should preferably be without impediment.	
7	<b><u>ALIMENTARY SYSTEM:</u></b> 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 haemorrhoids, fissures in and testis anal hernia or bubonocele or ischio-rectal abscess or hydrocele.	
8	<b><u>CARDIO VASCULAR SYSTEM:</u></b> 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	<b><u>RESPIRATORY SYSTEM:</u></b> Candidates should be free from all diseases of respiratory system. There should be no deformity of chest which may cause impediment to breathing.	
10	<b><u>GENITO URINARY SYSTEM</u></b> There should be no evidence of genito urinary disease or any abnormality.	
11	<b><u>SKELETAL SYSTEM:</u></b> 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	<b><u>NERVOUS SYSTEM:</u></b> There should be no evidence of any disease of nervous system or of any mental disease.	
13	<b><u>GLANDULAR SYSTEM:</u></b> 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 authorised 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.)

2133085/2022/O/o CPO(Adm.)/HQ/WR

Sr. No.	Comm unity	REG ID	NAME	Trade Name	Email
1	UR	WRT211003101019	SOUVIK BOSE	PASSA	souvikbose311@gmail.com
2	UR	WRT211012411006	AMAN KUMAR	PASSA	amankumarvishwakarma87@gmail.com
3	UR	WRT210990705001	DEEKSHA UMESH CHANDER SHARMA	PASSA	Diya892312@gmail.com
4	UR	WRT210001507012	SWATI BAJPAI	PASSA	bajpeiswati8839@gmail.com
5	UR	WRT210981802003	BULBUL MISHRA	PASSA	mishrabulbul1998@gmail.com
6	UR	WRT210001507012	SWATI BAJPAI	PASSA	bajpeiswati8839@gmail.com
7	UR	WRT210981802003	BULBUL MISHRA	PASSA	mishrabulbul1998@gmail.com
8	UR	WRT211980101214	SAIMUDDIN SK	PASSA	saimuddinsk8901@gmail.com
9	UR	WRT210991111001	SALONE TIWARI	PASSA	salonitiwari828@gmail.com
10	UR	WRT211992703035	BHUTEKAR SAMADHAN NARAYAN	PASSA	samadhan9667@gmail.com
11	UR	WRT210000101016	SHAHAZ	PASSA	shahnazhusain852@gmail.com
12	UR	WRT210010305006	TEENA RAWAT	PASSA	teenarawat0316@gmail.com
13	UR	WRT210001504005	SUMANA DASGUPTA	PASSA	dsumana992@gmail.com
14	UR	WRT211991405007	BALJEET SINGH	PASSA	rajputbaljeet666@gmail.com
15	UR	WRT211970211009	PRADHUMN SHRIVASTAVA	PASSA	pradhumnshrivastava210@gmail.com
16	UR	WRT210002010007	ANNU	PASSA	BITUPOONIA111@GMAIL.COM
17	UR	WRT211000507005	PRINCE PRAKASH CHAUHAN	PASSA	pc20290@gmail.com
18	UR	WRT211990208035	SHIVAM GUPTA	PASSA	shivamgupta.sy@gmail.com
19	UR	WRT211970112021	ABHISHEK SINGH	PASSA	singhabhishek01061997@gmail.com
20	UR	WRT211982808030	KULDEEP SHUKLA	PASSA	kulds6268@gmail.com
21	UR	WRT211032311004	KARTALE SACHIN PRAKASH	PASSA	sachinkartale2@gmail.com
22	UR	WRT211012703020	RUSHIKESH HARISINGH THAKUR	PASSA	thakurrushikesh81@gmail.com
23	UR	WRT211972310019	ARGHYA SARKAR	PASSA	arghyas062@gmail.com
24	UR	WRT210000512007	SHIKHA	PASSA	shikha869rathor@gmail.com
25	UR	WRT210021902001	ROHANI SHARMA	PASSA	rohanisharma2002@gmail.com
26	UR	WRT210972612003	SUSMITA HALDER	PASSA	susmitahalder725@gmail.com
27	UR	WRT211971002010	SHIVAM KUMAR	PASSA	shivam98710@gmail.com

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28	UR	WRT210991112003	HIMANSHI GHAI	PASSA	himanshighai19@gmail.com
29	UR	WRT210980104009	KIRAN RAM	PASSA	kiranram7156@gmail.com
30	UR	WRT211020106035	DEBABRATA DAS	PASSA	das064031@gmail.com
31	UR	WRT211010812001	PARASH DEY	PASSA	ppssppdey4047s@gmail.com
32	UR	WRT211992508061	PURN KUMAR TIWARI	PASSA	purnkumart@gmail.com
33	UR	WRT211002206023	RAHUL	PASSA	rk2198877@gmail.com
34	UR	WRT210032102002	PRITINANDA MOHAPATRA	PASSA	pmohapatra4u@gmail.com
35	UR	WRT210990902001	SWATI	PASSA	swatisingh97167@gmail.com
36	UR	WRT211971007054	SHOBHIT KUMAR	PASSA	shobhitpandey792@gmail.com
37	UR	WRT211970607031	PANKAJ	PASSA	snikki776@gmail.com
38	UR	WRT211981109018	AMAN GUPTA	PASSA	Amangupta110998@gmail.com
39	UR	WRT210050307001	KHUSHI SHARMA	PASSA	ps1869309@gmail.com
40	UR	WRT211972611005	OMAR FARUK	PASSA	FARUKOMAR29521@GMAIL.COM
41	UR	WRT211001005127	YAMALWAD GANGAPRASAD GAURAJI	PASSA	gangaprasadyamalwad1@gmail.com
42	UR	WRT211982608036	AVIJIT NANDI	PASSA	avijitnandi03484@gmail.com
43	UR	WRT211001505057	RAMIT DAS	PASSA	ramitdas15@gmail.com
44	UR	WRT211012712010	JADHAV AKSHAY BHARAT	PASSA	akshayjadhav459733@gmail.com
45	UR	WRT210010905001	SHWETA JHA	PASSA	shwetajha285@gmail.com
46	UR	WRT211992807017	KHAN WAJAHAT ALI	PASSA	wkedm1999@gmail.com
47	UR	WRT211991511049	KOLAPE VINAYAK MOHAN	PASSA	sandipkolpe@rediffmail.com
48	UR	WRT210973112004	RITU SHAW	PASSA	ritu712103@gmail.com
49	UR	WRT211990102061	SHARIFUL ISLAM	PASSA	shariful78966@gmail.com
50	UR	WRT211011702001	SHAILESH GOVIND PAWAR	PASSA	pawarshailesh2001@gmail.com
51	UR	WRT211980307061	IDREES AHMAD TANTRAY	PASSA	tantrayidrees12345@gmail.com
52	UR	WRT210982612004	PIYUSH MALVIYA	PASSA	piyushmalviya9523822518@gmail.com
53	UR	WRT211971410016	SOURAV CHAKRABORTY	PASSA	chakrabortysourav9804@gmail.com
54	UR	WRT210002710001	RANCHIT ARORA	PASSA	ranchitkour2710@gmail.com
55	SC	WRT211020610001	SURAJ DIPAK MALADHARI	PASSA	suraj061002@gmail.com
56	SC	WRT211961904009	TIRTHADEB DHIBAR	PASSA	tirthadebsuri@gmail.com
57	SC	WRT211011908002	RAMLAKHAN	PASSA	ramlakhani617111@gmail.com
58	SC	WRT211981006008	SANDEEP KUMAR	PASSA	sk0149819@gmail.com
59	SC	WRT211971507099	MAHENDR SINGH	PASSA	mahendrasinghgautam393@gmail.com

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60	SC	WRT211000311038	ROSHAN DIPAK WANKHADE	PASSA	roshanwankhade15@gmail.com
61	SC	WRT211010504063	KESHAV KUMAR	PASSA	nalayakchora00@gmail.com
62	SC	WRT211950904008	GURMEET SINGH	PASSA	gurmeetsingh250622@gmail.com
63	SC	WRT210952909002	JYOTSANA SINGH	PASSA	PRJYKR@GMAIL.COM
64	SC	WRT211000602022	VISHAL KUMAR	PASSA	ankitsinghromeo49695@gmail.com
65	SC	WRT211943108004	HIWALE ABHIJEET SUBHASH	PASSA	macktos7@gmail.com
66	SC	WRT211991008022	ARE MUKESH	PASSA	aremukesh123@gmail.com
67	SC	WRT211941106001	ANILKUMAR KATHI	PASSA	kathianilkumar49@gmail.com
68	SC	WRT211991310010	PAWAN KUMAR	PASSA	pawankrgautam99@gmail.com
69	SC	WRT210980704004	PINKI	PASSA	P1998INKI@GMAIL.COM
70	SC	WRT211950505044	SUKHI GOARDHAN	PASSA	singhramphal849@gmail.com
71	SC	WRT211980708059	MANISH KUMAR	PASSA	mk0232657824@gmail.com
72	SC	WRT211961010014	RAHUL KUMAR	PASSA	rahulku855@gmail.com
73	SC	WRT211012206015	PUNARBASU SAHA	PASSA	punarbassusaha123@gmail.com
74	SC	WRT211980504076	AMARNATH	PASSA	amarnath5498@gmail.com
75	SC	WRT211000307003	ABHISHEK RAJ DESH RAJ RAJ	PASSA	Abhirajstp2000@gmail.com
76	SC	WRT211961107015	PRITAM SARKAR	PASSA	pritamsarkar127@gmail.com
77	SC	WRT211982512006	RAHUL SANJAY KALYANKAR	PASSA	rahulkalyankar125@gmail.com
78	SC	WRT211020501006	CHANDRABHAN PRAJAPATI	PASSA	chandrabanbhai395@gmail.com
79	SC	WRT210002506001	SWATI RAM JOGDANKAR	PASSA	swatijogdankar132@gmail.com
80	SC	WRT211951010004	PREETAM BHAGWATI PRASAD	PASSA	Preetammaroria005@gmail.com
81	SC	WRT211002002007	AKASH KANWAL	PASSA	akashkanwal682@gmail.com
82	SC	WRT210942908001	SAHARE SWATI WASUDEO	PASSA	swatisahare94@gmail.com
83	OBC	WRT210010511004	ROKEY AMIN	PASSA	ROKEYAMIN16@GMAIL.COM
84	OBC	WRT211990408041	WAKEEL HUSSAIN	PASSA	WAKEELHUSSAIN220@GMAIL.COM
85	OBC	WRT211001407044	AATISH KUMAR	PASSA	aatishsahu30@gmail.com
86	OBC	WRT211002007145	KISHAN KUMAR BHARDWAJ	PASSA	kishanbh310@gmail.com
87	OBC	WRT211001102014	DEVENDRA UTTAM BARBUDDHE	PASSA	barbuddhed@gmail.com
88	OBC	WRT210981903001	KAJAL DIGAMBAR VAIDYA	PASSA	kajalvaidya190298@gmail.com
89	OBC	WRT211002501038	THORAT PAVAN VIJAY	PASSA	thoratpvn@gmail.com
90	OBC	WRT211961104001	HITESH YADAV	PASSA	hiteshyadavans555@gmail.com
91	OBC	WRT210990209002	DEVYANI ASHOK KOLI	PASSA	devyanikoli0@gmail.com
92	OBC	WRT210992203002	UJWALA SUNIL PATIL	PASSA	22ujwalapatil@gmail.com

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93	OBC	WRT211953011002	ROHIT HARICHAND PATLE	PASSA	76448patle@gmail.com
94	OBC	WRT211992802006	PRADEEP SAHANI	PASSA	sahani7354@gmail.com
95	OBC	WRT211953004010	SHUBHAM SANJAY BABHULKAR	PASSA	babhulkar61@gmail.com
96	OBC	WRT211021006007	MOHD ALTAF	PASSA	mohdaltaf20022018@gmail.com
97	OBC	WRT210013006001	SAKSHI RAJKRISHNA VERMA	PASSA	sakshiv565@gmail.com
98	OBC	WRT211941107016	DOMAN LAL	PASSA	doman713713@gmail.com
99	OBC	WRT211000907044	AMIT	PASSA	amitkumar479075@gmail.com
100	OBC	WRT211992507004	CHOUDHARY AMIT KUMAR	PASSA	amitgujjar25799@gmail.com
101	OBC	WRT211991201023	RAUT AKSHAY BHASHKAR	PASSA	raut76945@gmail.com
102	OBC	WRT211980105024	GAURAV KUMAR	PASSA	gaurav2016kk@gmail.com
103	OBC	WRT211981603002	PRATHMESH ARUN WANKHEDE	PASSA	prathmeshwankhede98@gmail.com
104	OBC	WRT210010902003	BANI BISWAS	PASSA	banibiswas2001@gmail.com
105	OBC	WRT210002707002	ACHAL YOGRAJ PACHE	PASSA	achalpache145@gmail.com
106	OBC	WRT211011710034	GOUTAM PAL	PASSA	gp9499506@gmail.com
107	OBC	WRT211002605015	MANGEET KUMAR	PASSA	molujaiswal1137@gmail.com
108	ST	WRT211002008035	DEVENDRA KUMAR	PASSA	devendrasidar2000@gmail.com
109	ST	WRT211970911018	JOPALE SACHIN POPAT	PASSA	spjopale11@gmail.com
110	ST	WRT211970912022	NIRMAL NETAM	PASSA	nirmalnetam226@gmail.com
111	ST	WRT210000503001	NEMEEN	PASSA	lokendrabhuarya97@gmail.com
112	ST	WRT210991511006	SHWETA MARKAM	PASSA	anshushweta65886@gmail.com
113	ST	WRT211973004003	KAPSE ANIKET RAJKAMAL	PASSA	aniketrkapse@gmail.com
114	ST	WRT211991501026	NILEWAD PRASHANT BHARATRAO	PASSA	nilewadprashant400@gmail.com
115	ST	WRT211992010002	SHRIRAO GULAB GIRIDHAR	PASSA	shriraogulab@gmail.com
116	ST	WRT211980703046	NINAMA SAURABHKUMAR	PASSA	ninamasaurabh6@gmail.com
117	ST	WRT210980704002	MUKTA SHANTARAM SALKAR	PASSA	salkarmukta74@gmail.com
118	ST	WRT211010604046	MUKADE RAMBHAU KANBARAO	PASSA	mukaderam0@gmail.com
119	ST	WRT210961502001	PRIYA KUMARI	PASSA	priyakapoor7138@gmail.com
120	ST	WRT211992708012	LAVUDYA ANIL	PASSA	lavudyasacin123@gmail.com
121	ST	WRT211981006013	KRISHAN KUMAR MEENA	PASSA	krishnmeena1998@gmail.com
122	ST	WRT211960811007	BARUWALA PRANAV MUKESHKUMAR	PASSA	pranavbaruwala47@gmail.com
123	ST	WRT211002907016	ANILKUMAR	PASSA	anilkumarn795@gmail.com

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124	UR	WRT211982612035	DHEERAJ KUMAR SHARMA	Stenographer	DHEERAJSHARMA1921@GMAIL.COM
125	UR	WRT210983005002	ANCHAL	Stenographer	anchalnone85888@gmail.com
126	UR	WRT210972408002	SUSMITA DEY	Stenographer	rinkide1996@gmail.com
127	UR	WRT210981505011	SHRADHA CHANDRAKANT WARKHADE	Stenographer	shraddhawarkhade@gmail.com
128	UR	WRT210032401002	VAISHNAVI BABAN LANDGE	Stenographer	vaishavilandge@gmail.com
129	UR	WRT210992607002	MADDULA BHARGAVI SIVA SAI DURGA	Stenographer	maddulabhargavi316@gmail.com
130	UR	WRT210012609003	PRIYANKA RAJENDRA KARANJKHELE	Stenographer	karanjkhelepriyanka@gmail.com

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