

पश्चिमरेलवे-Western Railway

संख्या:ई.एम./120/02/2022

मंडलकार्यालय

राजकोट

दिनांक:01.02.2023.

To,

Dear Candidates,

According to included trade wise list of candidates for document verification – RAJKOT DIVISION

(दस्तावेज़ सत्यापन हेतु ट्रेड के अनुसार सूची में शामिल उम्मीदवारों के नाम – राजकोट मंडल)

विषय : अप्रेंटिसशिपएक्ट 1961 के तहत अप्रेंटिसप्रशिक्षुओं का चयन . – Document Verification.

संदर्भ : रेलवेभर्तीसिल- (RRC-WR)द्वारादिनांक26.05.2022कोनिर्गतअधिसूचनासंख्याRRC/WR/01/2022 Apprentice.

उपरोक्तसंदर्भानुसारआपकोयहसूचितकियाजाताहैकिआपकेद्वारासंबंधितट्रेडमेंआवेदनकेअनुसारआपकोदस्तावेज़सत्यापनहेतुमंडलरेलप्रबंधक कार्यालय (स्थापना) राजकोटकोरिपोर्टकरनाहै / उक्तजगहपरउपस्थितहोनाहै।

TRADE WISE LIST OF CANDIDATES FOR DOCUMENT VERIFICATION - ENGAGEMENT OF APPRENTICES
VIDE NOTIFICATION NO. RRC/WR/01/2022 APPRENTICE DATED 26.05.2022 - RAJKOT
DIVISION(WESTERN RAILWAY) -
FITTER

Sr. No	REGISTRATION ID	NAME OF CANDIDATES	FATHER/HUSBAND/GUAR DIAN NAME	COMM/ CASTE	DATE OF BIRTH
1	WRT221011007051	SHYAMPAL YADAV	LALMANI YADAV	OBC	10/07/2001
2	WRT221010210002	PRASHANT RAJPUT	MUNNI LAL	OBC	02/10/2001
3	WRT221001005017	ANIL KUMAR	RUDAL PRASAD	SC	10/05/2000
4	WRT221001006070	CHIRAG AGNIHOTRI	AKSHAY KUMAR AGNIHOTRI	UR	10/06/2000
5	WRT221990104002	YOGESH KUMAR	YADRAM SINGH	SC	01/04/1999
6	WRT221011604043	JITENDRA KUMAR BHASKAR	SHIV PRASAD RAM	SC	16/04/2001
7	WRT221950412007	SOLANKI ASHISH	KARSHANBHAI	OBC	04/12/1995
8	WRT221012606051	DEEPAK KUMAR JENA	GANGADHAR JENA	UR	26/06/2001
9	WRT221001001001	RAHUL KUMAR	RAMASHANKAR MAURYA	OBC	10/01/2000
10	WRT221010810033	AYAN MUKHERJEE	GUNADHAR MUKHERJEE	UR	08/10/2001
11	WRT221011404010	DHEERENDRA ANAUJIYA	DINESH KUMAR	SC	14/04/2001
12	WRT221030505030	VADHAVANA AJAYKUMAR	KANTIBHAI	OBC	05/05/2003
13	WRT221991007003	PRANSHU PAL	SHIV KUMAR PAL	OBC	10/07/1999
14	WRT221981111029	AKASH PAWAR	BIRHMJEET SINGH PAWAR	UR	11/11/1998
15	WRT221000604029	SREETAM ANDIA	SANKAR ANDIA	UR	06/04/2000
16	WRT221011803005	SUSHIL KUMAR	MAHADEV PRASAD	OBC	18/03/2001
17	WRT221021402033	SUNIL KUMAR	JAY KUMAR RAM	SC	14/02/2002
18	WRT221010101146	ASHIF ANSARI	AJI ANSARI	OBC	01/01/2001
19	WRT221001110019	CHANDAN KUMAR	SHUBHAKARAN	SC	11/10/2000
20	WRT221990112006	KANU MANDAL	RANJIT MANDAL	SC	01/12/1999
21	WRT221952509004	KANHAIYA LAL	SHUDDHU PRASAD	OBC	25/09/1995
22	WRT221982309012	PRAMOD	RAM MURAT	OBC	23/09/1998
23	WRT221030508030	ARBIND KUMAR	KANHAIYA BIND	OBC	05/08/2003
24	WRT221982512034	SONU KUMAR GUPTA	DASHARATH SAH	OBC	25/12/1998
25	WRT221010505008	MANOJ KUMAR NISHAD	HARISHCHANDRA	OBC	05/05/2001
26	WRT221022108008	PANKAJ KUMAR	BHARAT BIND	OBC	21/08/2002
27	WRT221991607006	VIVEK KUMAR PRAJAPATI	RAMDEEN PRAJAPATI	OBC	16/07/1999
28	WRT221000101156	SURYANSHA MANDELA	SUDAMA PRASAD	SC	01/01/2000
29	WRT221020401010	AKASH NISHAD	BHUVNESHWAR PRASHAD	OBC	04/01/2002
30	WRT221002104022	DILIP KUMAR DAS	ARJUN DAS	SC	21/04/2000
31	WRT221010907001	ANUJ KUMAR	DINESH CHANDRA	SC	09/07/2001
32	WRT221001207051	TILAVAT NAYANKUMAR	JENTILAL	OBC	12/07/2000
33	WRT221982506006	CHHATRAL SINGH	JAYLAL SINGH	OBC	25/06/1998
34	WRT221040402003	RAUSHAN KUMAR	FEKAN SAHNI	OBC	04/02/2004
35	WRT221010910008	RAJAN MAURYA	RAMAKANT MAURYA	OBC	09/10/2001
36	WRT221020606007	PARISH KUMAR LAL	MAHENDRA PRATAP LAL	SC	06/06/2002
37	WRT221990205022	KARAN KUMAR RAW	RAJ KUMAR	SC	02/05/1999
38	WRT221990605003	SHIV SHANKAR RAM	DIVAKAR RAM	SC	06/05/1999
39	WRT221021808008	SURYAKANT	BHARAT SINGH	SC	18/08/2002
40	WRT221031507015	SUKANTA MAJHI	CHINTA MAJHI	ST	15/07/2003
41	WRT221011311002	NEWARE ROHIT DILIP	DILIP BISRAM NEWARE	ST	13/11/2001
42	WRT221990406016	VEERENDRA KUMAR	MOTI LAL	ST	04/06/1999
43	WRT221990208008	SINDHAV SURAJSINH	KALUBHAI	EWS	02/08/1999
44	WRT221013107023	DEEPAK ORAON	SANTOSH ORAON	ST	31/07/2001
45	WRT221010905008	JOSHI NIKHILKUMAR	BHAGVANJI	EWS	09/05/2001

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WELDER (GAS & ELECTRIC)/WELDER (G & E)					
Sr. No	REGISTRATION ID	NAME OF CANDIDATES	FATHER/HUSBAND/GUARDIAN NAME	COMM/CASTE	DATE OF BIRTH
1	WRT221991207007	PRAVEEN KUMAR	JAGDHARI RAM	SC	12/07/1999
2	WRT221022801015	SHIVAM SHAH	RAMESHWAR SHAH	ST	28/01/2002
3	WRT221960107017	DEVGANDH	AJAY KUMAR	SC	01/07/1996
4	WRT221991505004	ARYAN	BRIJ MOHAN BHARTI	SC	15/05/1999
5	WRT221011205040	ANURAG YADAV	EDAL SINGH	OBC	12/05/2001
6	WRT221980804003	SANDEEP BANSLA	SURENDRA	OBC	08/04/1998
7	WRT221001206032	ROHIT KUMAR	ASHARAM	SC	12/06/2000
8	WRT221002409001	ABHIJEET VILAS TEMBHURNE	VILAS RAJUKAR TEMBHURNE	SC	24/09/2000
9	WRT221982806016	PATIL YOGESH LAXMAN	PATIL LAXMAN SAHEBRAO	OBC	28/06/1998
10	WRT221961512010	SHIVAM	BRAHMA NAND	SC	15/12/1996
11	WRT221952307003	CHAVDA VIPUL SURESH	SURESHBHAI	OBC	23/07/1995
12	WRT221951402004	RAMESWAR BAGDI	AJIT BAGDI	SC	14/02/1995

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ELECTRICIAN**

Sr. No	REGISTRATION ID	NAME OF CANDIDATES	FATHER/HUSBAND/GUARDIAN NAME	COMM/CASTE	DATE OF BIRTH
1	WRT221942511001	VIKASH KUMAR	PRASIDH TANTI	SC	25/11/1994
2	WRT221012506006	GAURAV GAUTAM	KRISHNA KUMAR	SC	25/06/2001
3	WRT221041505005	SONU KUMAR	VINOD KUMAR	OBC	15/05/2004
4	WRT221010503030	KALAMATI ADINARAYANA	KALAMATI KRISHNA RAO	OBC	05/03/2001
5	WRT221022211005	GUNA SHANKARA RAO	GUNA RAMA RAO	SC	22/11/2002
6	WRT221030110003	SUMEDH RAJENDRAJI BAGADE	RAJENDRA	SC	01/10/2003
7	WRT221021405013	HARIOM GUPTA	SHASHI BHUSHAN	EWS	14/05/2002
8	WRT221980309016	SHYAMAL MALI	RAMSANKAR MALI	OBC	03/09/1998
9	WRT221000502037	SANDEEP KUMAR	RAJESH RAM	SC	05/02/2000
10	WRT221021504045	KODAVATH	KODAVATH PURE NAIK	ST	15/04/2002
11	WRT221981005017	SATISH KUMAR	SURAJADEO THAKUR	OBC	10/05/1998
12	WRT220030704001	VISHAKHA VERMA	KAILASH VERMA	SC	07/04/2003
13	WRT221001611010	SOURAV KUMAR DINDA	SHYAMAL KUMAR DINA	EWS	16/11/2000
14	WRT221041201005	H MANISH CHOWDARY	H RAGHAVENDRA RAO	OBC	12/01/2004
15	WRT221020207009	HIMANSHU YADAV	JAYPRAKASH YADAV	OBC	02/07/2002
16	WRT221931312002	MESHARAM JAYSHIL MANSRAM	MANSRAM SOMA MESHARAM	ST	13/12/1993

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DIVISION(WESTERN RAILWAY) -**

ELECTRONIC MECHANIC					
Sr. No	REGISTRATION ID	NAME OF CANDIDATES	FATHER/HUSBAND/GUARDIAN NAME	COMM/CASTE	DATE OF BIRTH
1	WRT221012110016	SHEELES YADAV	SATYA PAL SINGH	OBC	21/10/2001
2	WRT221011204008	NITESH KUMAR	BADSHAH SINGH	SC	12/04/2001
3	WRT221010806001	YOGENDRA	RAGHUVAR DAYAL	SC	08/06/2001
4	WRT220990607001	NIKITA GUPTA	SATISH KUMAR GUPTA	OBC	06/07/1999
5	WRT221042004001	RISHABH KUMAR	PAPPU PRASAD KUSHWAHA	OBC	20/04/2004
6	WRT22000104004	KALOLA SWATI HASMUKHBHAI	HASMUKHBHAI	OBC	01/04/2000
7	WRT221022010011	HITENDRA KUMAR	SHIV KUMAR	SC	20/10/2002
8	WRT221021007008	SAMIR KUMAR DAS	LILU DAS	SC	10/07/2002
9	WRT221031310018	VENKATESH	MANIKAPPA	OBC	13/10/2003
10	WRT221002808005	SACHIN	SHARVAN KUMAR	SC	28/08/2000

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MECHANIC (REFRIGERATION AND AIR-CONDITIONING)/REFRIDGERATOR AC MECHANIC					
Sr. No	REGISTRATION ID	NAME OF CANDIDATES	FATHER/HUSBAND/GUARDIAN NAME	COMM/CASTE	DATE OF BIRTH
1	WRT221002006022	VIKRAM	SADA RAM	OBC	20/06/2000
2	WRT220011306001	NEHA SHAKYA	AJAY KUMAR	OBC	13/06/2001
3	WRT221011809014	HAPPY PRAJAPAT	GIRDHARI LAL	OBC	18/09/2001
4	WRT220021508004	GANDAM MAHESHWARI	GANDAM RAJALINGAM	SC	15/08/2002
5	WRT221002906006	HINGOLIA MOIN TAJMAHMAD	TAJMAHMAD BHAI	OBC	29/06/2000
6	WRT221021901019	METAR MOINUDDIN RAFIK	RAFIK	OBC	19/01/2002
7	WRT221030806007	BATHOD MANOJ SHANTILAL	SHANTILAL	OBC	08/06/2003

उपरोक्तसंदर्भानुसारआपकोयहसूचितकियाजाताहैकिदस्तावेज़सत्यापनकेसमयनिम्नलिखितमूलप्रमाणपत्र/दस्तावेज़होनाआवश्यकहै:

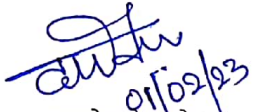
- ऑनलाइनकिएहुएआवेदनकीप्रति
- दसवीं/मैट्रिक(10th)अंकप्रमाणपत्र (Marks Sheet)
- जन्मप्रमाणपत्रहेतुदसवीं(10th)काप्रमाणपत्र/स्कूलपरित्यागपत्र(SLC)
- आवेदनकिएहुयेसंबंधितट्रेडकेसभीसेमेस्टरकेConsolidated ITI mark sheet(Combined marks sheet of all semesters/annual- सभी semester/annual द्वारा प्राप्त समेकित/एक साथ दर्शाये गए /अंकदर्शयिगएProvisional National Trade Certificate
- NCVT द्वाराजारीNational Trade Certificate याNCVT/SCVT द्वाराजारी Provisional National Trade Certificate.
- पासपोर्टसाइजके 2 फोटोग्राफ
- पहचानप्रमाणपत्रहेतुAadhar Card वPAN कार्ड
- अधिसूचनाकेअनुसारAnnexure-'B'केअनुसारअनुसूचितजाति/जनजाति (SC/ST)केजातिप्रमाणपत्र (जिन्हेंलागूहों)
- अधिसूचनाकेअनुसारAnnexure-'C'केअनुसार01.04.2021याउसकेबादजारीकिएहुएNon-Creamylayer certificateकेसाथOBC जातिप्रमाणपत्र (जिन्हेंलागूहों)
- अधिसूचनाकेअनुसारAnnexure-'H'केअनुसार EWS - valid Income and Asset Certificate (जिन्हेंलागूहों)
- अधिसूचनाकेअनुसारAnnexure-'G'केअनुसार Fit medical certificate (सभीकेलिएलागू)-प्रति संलग्न है.
- अधिसूचनाकेअनुसारAnnexure-'E'/ Annexure-'E/F'केअनुसारPWD/Disability medical certificate (जिन्हेंलागूहों)
- दस्तावेज़ सत्यापन के समय उपरोक्त सभी प्रमाणपत्रों की 2 स्व-अभिप्रमाणित प्रतियां पहले से ही attach/pin up करके लाएँ/रखें।

Note : Certificates in languages other than English or Hindi should be accompanied by an attested copy of translation in English / Hindi.

दस्तावेज़सत्यापनहेतुरिपोर्टकरने/उपस्थितहोनेकीजगह,तारीखवसमय
(Date,time and place of attendance/report for document verification):-

क्रमसंख्या Sr. No.	ट्रेड /Trade	दिनांक/Date& समय/Time	स्थल /Venue
1	Fitter	15.02.2023, 16.02.2023 & 17.02.2023 10.00AM to 05.00PM.	मंडलरेलप्रबंधककार्यालय (स्थापना) राजकोट कोठीकंपाउंड -राजकोट Divisional Railway Manager Office (Establishment)RAJKOT Kothi Compound-Rajkot
2	Welder (Gas & Electric)		
3	Electrician		
4	Electronics Mechanic		
5	Mechanic Refridgerator& AC		

Enclosure :Format : -उपरोक्त आवश्यकतानुसार
ANNEXURE - "B", "C", "D", "E", "F", "G" & "H"


01/02/23

(कमलेश के. देवे)
सहायककार्मिकअधिकारी (ई)
कृतेमंडलरेलप्रबंधक(स्थापना)
राजकोट

PROFORMA FOR CASTE CERTIFICATE FOR SC/ST APPLICANTS

(Format of certificate to be produced by 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.

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.

**PROFORMA FOR DECLARATION TO BE SUBMITTED BY OTHER BACKWARD CLASS APPLICANTS
ALONGWITH THE APPLICATION WHILE APLYING 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 _____

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

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.
- 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

Signature of
Applicants

(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	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
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 yearmonths, and therefore this certificate shall be valid till (DD/MM/YYYY) @ e.g. Left/Rig ht/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))	

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 & 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	<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.	

	<ol style="list-style-type: none"> 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 bubonocoele or ischio-rectal abscess or hydrocele. 	
8	<p><u>CARDIO VASCULAR SYSTEM:</u></p> <ol style="list-style-type: none"> 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	<p><u>RESPIRATORY SYSTEM:</u></p> <p>Candidates should be free from all diseases of respiratory system. There should be no deformity of chest which may cause impediment to breathing.</p>	
10	<p><u>GENITO URINARY SYSTEM</u></p> <p>There should be no evidence of genito urinary disease or any abnormality.</p>	
11	<p><u>SKELETAL SYSTEM:</u></p> <ol style="list-style-type: none"> 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	<p><u>NERVOUS SYSTEM:</u></p> <p>There should be no evidence of any disease of nervous system or of any mental disease.</p>	
13	<p><u>GLANDULAR SYSTEM:</u></p> <p>There should be no evidence of tuberculosis or other disease of the glandular system including the endocrine glands.</p>	

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.

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. 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
Attested Photograph of
the Applicant**

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.