



WESTERN RAILWAY



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

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

Date-08/01/2024

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/01/2023/Apprentice dt.21.06.2023

You are advised to report to **Dy.CPO(HQ), 3rd floor Old Buildg.,Western Railway Headquarter office, Churchgate Mumbai-400020** on **16.01.2024 (for Sr. No 01 to Sr. No.25), 17.01.2024(for Sr no. 26 to Sr no. 55)** and **18.01.2024 (for Sr. No 56 to Sr No. 85)**(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.21.06.2023 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.

(B, Mahapatra)
Digitally Signed by B
Mahapatra, Dy.CPO(HQ)
For General Manager (E)
Date: 08-01-2024 16:57:10
Reason: Approved

Encl: All annexure.

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-Organization Act 1960, The Punjab Re-Organization Act, 1966, The State of Himachal Pradesh Act, 1970, The North Eastern Areas Re-Organization 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 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 _____

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	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)	

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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 centimeters; Weight: 25.4 Kilogram; Chest expansion should not be less than 3.8 centimeters 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 Modeler (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.	

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	5. There should be no sugar in the urine. 6. Candidates should not be suffering from hemorrhoids, fissures in and testis anal hernia or bubonocele or ischio-rectal abscess or hydrocele.	
8	CARDIO VASCULAR SYSTEM: 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	RESPIRATORY SYSTEM: Candidates should be free from all diseases of respiratory system. There should be no deformity of chest which may cause impediment to breathing.	
10	GENITO URINARY SYSTEM There should be no evidence of genito urinary disease or any abnormality.	
11	SKELETAL SYSTEM: 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	NERVOUS SYSTEM: There should be no evidence of any disease of nervous system or of any mental disease.	
13	GLANDULAR SYSTEM: 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.

Government of _____

(Name & Address of the authority issuing the certificate)

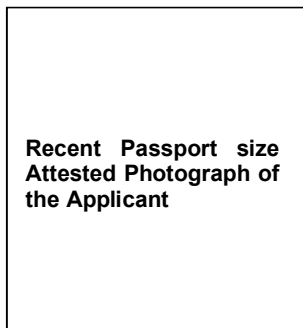
INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWS)

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).



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.

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List of Candidates to be called for 2nd DV on 16.01.2024 to 18.01.2024

Sr. No.	REG_ID	Trade_Name	CANDIDATE NAME	CASTE	GEN	DOB	EMAIL	MOB
1	WRT230971008001	PASSA	KM ANMOL	SC	FEMALE	10-08-1997	anshuanshu63377@gmail.com	7379955628
2	WRT231972508024	PASSA	MALOTHU BHAVU SINGH	ST	MALE	25-08-1997	malothbhavusingh@gmail.com	9014895939
3	WRT230002007002	PASSA	KM SADHNA GUPTA	OBC	FEMALE	20-07-2000	Kmsadhna2072000@gmail.com	7897663671
4	WRT231990507052	PASSA	RAHUL KUMAR	OBC	MALE	05-07-1999	rahulshakya059@gmail.com	9129696623
5	WRT231001408007	PASSA	SANDEEP KUMAR	SC	MALE	14-08-2000	sandeepgzp935@gmail.com	7619918561
6	WRT230992111004	PASSA	ANKITA SAKLE	OBC	FEMALE	21-11-1999	ankitasakle01@gmail.com	9301848005
7	WRT231023009011	PASSA	VISHAL SRIVASTAVA	EWS	MALE	30-09-2002	Officialvishal253@gmail.com	9336898959
8	WRT231990207019	PASSA	HARISHCHAND	SC	MALE	02-07-1999	harishchandraj4751@gmail.com	8858204751
9	WRT231030503077	PASSA	AJEET KUMAR	SC	MALE	05-03-2003	kumarajeetazm3@gmail.com	8418068171
10	WRT231000306057	PASSA	YUVARAJ HARISHCHANDRA GAJAKOS	SC	MALE	03-06-2000	yuvrajgakos@gmail.com	9172352267
11	WRT230992906003	PASSA	SANDHYA KURRE	SC	FEMALE	29-06-1999	sandhyakurre29@gmail.com	6268322046
12	WRT230041701004	PASSA	KM PREETI	UR	FEMALE	17-01-2004	preetikoyad@gmail.com	6397947332
13	WRT231991507042	PASSA	PRAKASH SAROJ	SC	MALE	15-07-1999	prakashsaroj681@gmail.com	7460976828
14	WRT231041002014	PASSA	AZMEERA AJAY	ST	MALE	10-02-2004	ajmeeraajay123@gmail.com	6304536043
15	WRT230052809002	PASSA	MADHUSHRI GIRI	UR	FEMALE	28-09-2005	ramkrishnagiri121@gmail.com	9932568703
16	WRT230032511001	PASSA	MAHAK VERMA	OBC	FEMALE	25-11-2003	Mahakv646@gmail.com	7067161507
17	WRT231032909009	PASSA	AMIT PASWAN	SC	MALE	29-09-2003	amitmotivationfact@gmail.com	9648010749
18	WRT231031207046	PASSA	VIPIN KUMAR	OBC	MALE	12-07-2003	kumarv7860176325@gmail.com	6394635068
19	WRT230041110005	PASSA	AQSHA ALI	UR	FEMALE	11-10-2004	aqshaali11@gmail.com	9307172938
20	WRT230010110004	PASSA	ALKA GUPTA	OBC	FEMALE	01-10-2001	alkagupt665@gmail.com	9369443708
21	WRT231011703034	PASSA	RAVI RAJ	SC	MALE	17-03-2001	ravirajshivpuri@gmail.com	7985594557
22	WRT230971012002	PASSA	KHAIRNAR PRITEE GANGADHAR	SC	FEMALE	10-12-1997	PRITIKHAIRNAR08@GMAIL.COM	8010788766
23	WRT231000604019	PASSA	RAHUL	SC	MALE	06-04-2000	rahulbhandkhar45@gmail.com	9992291020
24	WRT231010101034	PASSA	SHEKH NIJARULLA	UR	MALE	01-01-2001	mpeer4396@gmail.com	9131766506
25	WRT231022602040	PASSA	OMAN	SC	MALE	26-02-2002	omanpathari@gmail.com	8319462447
26	WRT231040101347	PASSA	SACHIN	SC	MALE	01-01-2004	sachinindora9@gmail.com	9992721336
27	WRT231021808074	PASSA	MOHIT KUMAR	SC	MALE	18-08-2002	mohitkumar2756@gmail.com	8279327903
28	WRT231002303010	PASSA	SHIVAKA KUMAR BHARTI	SC	MALE	23-03-2000	shivakabharti40@gmail.com	8175035477
29	WRT230011701001	PASSA	MONIKA	OBC	FEMALE	17-01-2001	monikashyapr@gmail.com	7497035286
30	WRT230021712003	PASSA	TISHA	UR	FEMALE	17-12-2002	tishabansal842@gmail.com	8750229906
31	WRT231030206028	PASSA	JAGTAP PRATIK PRAKASH	SC	MALE	02-06-2003	jagtapjonty@gmail.com	9028159225
32	WRT231012906006	PASSA	GAURAV KUMAR	SC	MALE	29-06-2001	gautav2018@gmail.com	8957834812
33	WRT231042812006	PASSA	SNEHIL PRASHAR	EWS	MALE	28-12-2004	snehilstu@gmail.com	8340612899
34	WRT231002812006	PASSA	VIVEK KUMAR RAY	OBC	MALE	28-12-2000	vivekkumarray301@gmail.com	8887705101
35	WRT230011505009	PASSA	RAMALAKSHMI P V	OBC	FEMALE	15-05-2001	ramalakshmi15501@gmail.com	9715072277
36	WRT231042004009	PASSA	MAGAN KUMAR	SC	MALE	20-04-2004	mrmaganroy@gmail.com	9368591765
37	WRT231021010081	PASSA	MAIND NITIN SUBHASH	OBC	MALE	10-10-2002	nitinmaind10@gmail.com	8975274867
38	WRT231982610010	PASSA	AJAY KUAMR	OBC	MALE	26-10-1998	ajaychauhan53267@gmail.com	9839119499
39	WRT231010809004	PASSA	NARAYAN PRASAD	SC	MALE	08-09-2001	Narayanprasadkhunty55@gmail.com	6267743160
40	WRT231010610032	PASSA	KANDELA RAVI KUMAR	SC	MALE	06-10-2001	ravikrishanakumari@gmail.com	9848873534
41	WRT231990107092	PASSA	KASHIRAM	SC	MALE	01-07-1999	kasiramkasi1122@gmail.com	6392578879
42	WRT231051804006	PASSA	SHUBHAM	SC	MALE	18-04-2005	skmath2004@gmail.com	8354811718
43	WRT231011411048	PASSA	DHEERAVATH GANESH NAIK	ST	MALE	14-11-2001	dheeravathganesh7@gmail.com	9542592973

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44	WRT231010507006	PASSA	KRISHNA CHAUDHARI	SC	MALE	05-07-2001	KRISHNACHAUDHARI9119@GMAIL.COM	8174833589
45	WRT230012010007	PASSA	SHIVANI PATEL	OBC	FEMALE	20-10-2001	dp99566131@gmail.com	8318020827
46	WRT231991007006	PASSA	RAJNESH KUMAR	SC	MALE	10-07-1999	rajneshk492@gmail.com	7518780030
47	WRT230030708001	PASSA	KM ARPITA TRIPATHI	UR	FEMALE	07-08-2003	arpitatripathi084@gmail.com	7307705913
48	WRT231991208034	PASSA	DHIRENDRA SINGH	UR	MALE	12-08-1999	dhirendrasingh731838@gmail.com	7318382660
49	WRT230990905001	PASSA	TANU CHANDRA	OBC	FEMALE	09-05-1999	tanuchandra399@gmail.com	8445883650
50	WRT231011007046	PASSA	ANAND KUMAR	SC	MALE	10-07-2001	ANANDKUMARJKNKG@GMAIL.COM	7619976246
51	WRT231952009001	PASSA	SUNIL	SC	MALE	20-09-1995	gothams94100@gmail.com	9410042069
52	WRT230032605001	PASSA	SUMIDHA RAVINDRA TELMORE	SC	FEMALE	26-05-2003	sumedhatelmore881@gmail.com	8788820497
53	WRT231031502026	PASSA	HARSH DEV	SC	MALE	15-02-2003	HUNNY995511@GMAIL.COM	9540995241
54	WRT230030204004	PASSA	PRIYANKA GUPTA	OBC	FEMALE	02-04-2003	npriyankag309@gmail.com	7052927570
55	WRT231000401004	PASSA	RATNESH KUMAR	SC	MALE	04-01-2000	kratnesh885338@gmail.com	8853686401
56	WRT230012412006	PASSA	SANTHIYA PALANISAMI	SC	FEMALE	24-12-2001	santhiyapalani12@gmail.com	9786184430
57	WRT230992203002	PASSA	SEEMA PRAJAPATI	OBC	FEMALE	22-03-1999	prajapatseema225@gmail.com	9555845320
58	WRT231051005047	PASSA	AKASH MANGLESH TAYADE	SC	MALE	10-05-2005	tayadeakash049@gmail.com	8956828557
59	WRT231021007003	PASSA	AMIT KUMAR PAL	OBC	MALE	10-07-2002	amitkumarpal217@gmail.com	8726890282
60	WRT231051201003	PASSA	KHUSHIKANT BARAIYA	SC	MALE	12-01-2005	khushikantbaraiya19@gmail.com	9770646327
61	WRT231040101279	PASSA	MALOTH SUKRIYA	ST	MALE	01-01-2004	sukriyanayak1@gmail.com	7893938796
62	WRT231000112001	PASSA	TUBAI DAS	UR	MALE	01-12-2000	tubaidasbnc@gmail.com	7074256132
63	WRT231000601017	PASSA	PULLURU SUJITH KUMAR	SC	MALE	06-01-2000	sujibangaraju143@gmail.com	8688016619
64	WRT231990702004	PASSA	ADITYA RANJAN	OBC	MALE	07-02-1999	adityadac1@gmail.com	8340674106
65	WRT230021508001	PASSA	KHUSHI SHISODIA	UR	FEMALE	15-08-2002	khushishisodia123@gmail.com	9654839211
66	WRT231011904005	STENOGRAPHER (ENGLISH)	PHAD HANMANT DATTA	OBC	MALE	19-04-2001	phadhanmant19@gmail.com	7767061874
67	WRT231051311002	STENOGRAPHER (ENGLISH)	DEVENDRA PRASHANT SHITOLE	UR	MALE	13-11-2005	OSHRAPRASHANT@REDIFFMAIL.COM	7045151737
68	WRT230053006001	STENOGRAPHER (ENGLISH)	TAKMODE SNEHA SHRIHARI	OBC	FEMALE	30-06-2005	snehatakmode@gmail.com	9322497164
69	WRT231051604013	STENOGRAPHER (ENGLISH)	HARSH	OBC	MALE	16-04-2005	harsh Kapoor537@gmail.com	8168245895
70	WRT230030901002	STENOGRAPHER (ENGLISH)	KAMBLE ASHVINI JANARDHAN	SC	FEMALE	09-01-2003	bhangedhanaji1234@gmail.com	9860051218
71	WRT231041709013	STENOGRAPHER (ENGLISH)	VISHAL	ST	MALE	17-09-2004	vishalrajbhar9295@gmail.com	8930232130
72	WRT230992202002	STENOGRAPHER (ENGLISH)	MAYURI HARISHCHANDRA BURADKAR	OBC	FEMALE	22-02-1999	mayurihburadkar22@gmail.com	8788120705
73	WRT231002706012	STENOGRAPHER (ENGLISH)	RAJENDRA BALU MALI	ST	MALE	27-06-2000	Rajendramali1822@gmail.com	9172129518
74	WRT231031504063	STENOGRAPHER (ENGLISH)	PRATHAM LODWAL	SC	MALE	15-04-2003	pslodwal15@gmail.com	8929775050
75	WRT230020312001	STENOGRAPHER (ENGLISH)	PRANJAL NARWADE	SC	FEMALE	03-12-2002	pranjalnagendra@gmail.com	9970039383
76	WRT230970209002	STENOGRAPHER (ENGLISH)	TANUSHI SAGAR	SC	FEMALE	02-09-1997	tanushisagar@gmail.com	9650258772
77	WRT231000809025	STENOGRAPHER (ENGLISH)	VITORE KIRAN HARI	SC	FEMALE	08-09-2000	kiranvitore2016@gmail.com	7083476290
78	WRT230032701004	STENOGRAPHER (ENGLISH)	PREETI	UR	FEMALE	27-01-2003	sahpreeti342@gmail.com	7836003794
79	WRT231000311031	STENOGRAPHER (ENGLISH)	KRISHAN MURARI SHUKLA	UR	MALE	03-11-2000	shyamshukla0311@gmail.com	7668713093
80	WRT231012808008	STENOGRAPHER (ENGLISH)	KATHI NAYAN	SC	FEMALE	28-08-2001	kathinayanhero@gmail.com	6301915251
81	WRT231031211007	STENOGRAPHER (ENGLISH)	MUDHOLKAR KAUSTUBH KUNDAN	OBC	MALE	12-11-2003	mekaustubhmudholkar@gmail.com	7218759379
82	WRT230001911003	STENOGRAPHER (ENGLISH)	MANJIMA PK	SC	FEMALE	19-11-2000	PKMANJUBABU@GMAIL.COM	8891447560
83	WRT230000301001	STENOGRAPHER (ENGLISH)	NEHA GOUR	OBC	FEMALE	03-01-2000	nehagour2403@gmail.com	7011441957
84	WRT230010107005	STENOGRAPHER (ENGLISH)	MANDAKINI SHARMA	OBC	FEMALE	01-07-2001	mandakinisharma84790@gmail.com	7879889961
85	WRT231001603010	STENOGRAPHER (ENGLISH)	SHIVAM SHRIVASTAVA	UR	MALE	16-03-2000	shrivastavashivam750@gmail.com	9630897346