

Railway Recruitment Board,

ANNEXURE -1

Roll No. (For official use only)

APPLICATION FORM FOR CEN No. /2010

- PLEASE FILL UP THE APPLICATION IN CAPITAL LETTERS IN OWN HANDWRITING
- Signature should not be in Capital letters.
- All applications must be submitted in A4 size 80 GSM paper (bond paper)
- No item should be left blanks otherwise application should be treated incomplete.

1. CATEGORY No. & POST (for single category) Cat. No. Name of Post

2. Choice of Railway : (wherever applicable) 1st 2nd 3rd

3. MEDIUM OF EXAMINATION : Signature of candidate in the above box below the photograph

4. NAME OF CANDIDATE (in English only)

5. COMMUNITY (Tick ✓) UR OBC* SC ST

* OBC Certificate to be submitted in the form as prescribed in Annexure-4 to Employment Notice

6. FATHER'S NAME

7. DATE OF BIRTH (DD/MM/YYYY)

8. AGE (as on 01.07.2010) years months days.

9. VISIBLE MARK OF IDENTIFICATION ON BODY (To be filled compulsorily)

10. Qualification (Fill in only those qualifications prescribed for the posts applied for)

(A) Academic	Qualification	University	Year of Passing	Subjects	Marks%
SSC /X/Matric					
Higher-Secondary/XII/Inter					
Graduation					
Post Graduation					
Others					
(B) Technical	Qualification	University/ Board	Year of Passing	Discipline/Trade	Marks %
Diploma					
Engineering Degree					
Others					

11. ADDRESS (FOR CORRESPONDENCE)

12. NEAREST RAILWAY STATION (For issue of free railway pass to SC/ST candidates)

Left hand Thumb Impression of candidate in this box

Signature of the Candidate

Note : 1) Candidate must fill up their name, father's name and date of birth as indicated in their Matriculation Certificate.
2) Candidate should put their full signature at all the places in the same language (in English or in Hindi)

Railway Recruitment Board,

ANNEXURE -2

INFORMATION SHEET (For Employment Notice No.)
(To be filled in CAPITAL LETTERS only - Signature should not be in Capital / Open letters)

1. NAME OF CANDIDATE

2. Tick (✓) Gender Male Female Marital Status Married Unmarried

3. Nationality

4. Permanent Address

5(a) Details of Postal Orders (IPO)/Demand Drafts (DD) enclosed PIN Code

Name of Post Office / Bank	Serial No. and Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>

5.(b) Are you seeking Fee exemption (Yes/No) (✓) Tick appropriate box from the following
 (i) As an economically backward class candidate (iii) As a Female candidate
 (Income certificate to be enclosed as per annexure-8) (iv) As a SC/ST candidate
 (ii) As a minority candidate (self declaration to be enclosed as per annexure 9) (v) As an Ex-servicemen
 Muslim Christian Sikh Buddhist Parsi (vi) As a Physically Handicapped
 Religion : Hindu Muslim Christian Sikh Buddhist Jain Parsi Others

7. Are you (i) Govt. Employee Yes/No (ii) Ex-Serviceman Yes/No (iii) Physically Handicapped Yes/No

8. Present employment (To be filled by all Railway / Central / State / PSU employees)
 Designation & Grade Date from Date to Name & address of Employer

9. Ex-serviceman (Ex-SM)

Date of Enrolment	Date of Attestation	Date of Discharge	Length of Service
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Do you seek age relaxation appropriate box SC ST OBC Judiciously separated/divorced woman/widow J & K Resident Ex-SM Railway Employee Physically Handicapped Course Completed Act. Apprentice

11. Whether you were debarred by any RRB in the past a) No b) For 2 years c) For life

12. Documents attached in proof of : Indicate by (✓) tick mark in the relevant boxes indicated below else put (x) mark (Refer-5.0)

- Application form (Annexure-1) Information sheet (Annexure-2) IPO/DD One passport size coloured photograph attached
- Copy of Matric/High School Certificate indicating DOB Copy of Educational/Professional Certificate (Annexure-3 or 4) Caste Certificate for SC/ST/OBC candidates (Annexure-5) Self Declaration from OBC candidates (Annexure-5)
- Disability Certificate For PWD (Annexure-6) Declaration from visually handicapped candidates (Annexure-7) Discharge Certificate (for Ex-serviceman) Equivalency certificate by Ex-SM for Educational/Technical Qualification
- NOC by Serving Employee Certificate for claiming of any other type of age relaxation (Annexure-8) Income certificate (Annexure-9) Self declaration by minority community candidates (Annexure-9)

13. Please copy the following declaration in your own hand writing in running hand in the space provided below :
 "I hereby declare that all the statements made by me in the application are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed. I also understand that in case, any of my statements is found untrue during any stage of recruitment or thereafter, shall disqualify me for the post applied for and I shall also be liable for any other action under the extant rules."

Left hand Thumb Impression of candidate in this box

Place :

Date :

Signature of the Candidate

Contd.....

ANNEXURE - 3

FORM OF CASTE CERTIFICATE FOR SC / ST

A candidate who claims to belong to one of the scheduled caste or scheduled tribe should submit in support of his / her claim a self attested copy of a certificate in the form the district magistrate or the sub-divisional officer or any other officer as indicated below of the district in which his / her parents (or surviving parents) ordinarily reside and who has been designated by the State Government concerned as competent to issue such a certificate. If both the parents are dead, the officer signing the certificate should be of the district in which the candidate himself / herself resides otherwise than for the purpose of his / her own education. Wherever, photograph is an integral part of the certificate, the RRB would accept only self attested photocopies of such certificate and not any other attested or true copy.

(The Form of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India)

This is to certify that Shri / Shrimati / Kumari * son / daughter* of of village / Town in District / Division* of State / Union Territory* belongs to the Caste / Tribe* which is recognised as a Scheduled Caste / Scheduled Tribe* under :-

The Constitution (Scheduled Castes) Order, 1950 • The Constitution (Scheduled Tribes) Order, 1950 The Constitution (Scheduled Castes) (Union Territories) Order, 1951. • The Constitution (Scheduled Tribes) (Union Territories) Order, 1951. (As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Re-organisation Act, 1960, the Punjab Re-organisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North - Eastern Areas (Re-organisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.) • The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956@ • The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959@, as amended by the Scheduled castes and Scheduled Tribes order (Amendment) Act, 1976@ • The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962@ • The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962@ • The Constitution (Pondicherry) Scheduled Castes Order, 1964@ • The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967@ • The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968@ • The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968@ • The Constitution (Nagaland) Scheduled Tribes Order, 1970@ • The Constitution (Sikkim) Scheduled Castes Order, 1978@ • The Constitution (Sikkim) Scheduled Tribes Order, 1978@.

Shri/ Smt./ Kumari* and/or his/ her* family reside(s) in village/ town* of District/ Division* of the State/ Union Territory* of

Signature
Designation
(with seal of office) State / Union Territory* (with seal of office)

Place :
Dated :

* Please delete the words which are not applicable.

@ Please quote the specific presidential order.

Note : The term "ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

** Officers competent to issue Caste / Tribe certificates :

**District Magistrate/ Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ City Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner. (Not below the rank of 1st class Stipendiary Magistrate). Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate. Revenue Officer not below the rank of Tehsildar. Sub-Divisional Officer of the area where the candidate and/ or his family normally resides.

Note : ST Candidate belonging to Tamilnadu State should submit caste certificate ONLY from the REVENUE DIVISIONAL OFFICER.

ANNEXURE - 4

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./ Kum.* Son/ Daughter of Shri of Village/ Town District in State belongs to community which is recognised as a backward class under :-

- (i) Resolution No. 12011/68/93-BCC (C) dtd. 10th September 1993, published in the Gazette of India Extraordinary Part-I, Section-1, No. 186 dtd. 13th September, 1993.
- (ii) Resolution No. 12011/9/94-BCC dtd. 19th October, 1994, published in the Gazette of India Extraordinary Part-I, Section-1, No. 163 dtd. 20th October, 1994.
- (iii) Resolution No. 12011/7/95-BCC dtd. 24th May, 1995, published in the Gazette of India Extraordinary Part-I, Section-1, No. 88 dtd. 25th May, 1995.
- (iv) Resolution No. 12011/44/96-BCC dtd. 6th December, 1996, published in the Gazette of India Extraordinary Part-I, Section-1, No. 210, dtd. 11th December, 1996.
- (v) Resolution No. 12011/68/93-BCC published in the Gazette of India - Extraordinary No. 129, dated 8th July, 1997.
- (vi) Resolution No. 12011/12/96-BCC published in the Gazette of India - Extraordinary No. 164, dated 1st Sept., 1997.
- (vii) Resolution No. 12011/99/94-BCC published in the Gazette of India - Extraordinary No. 236, dated 11th Dec., 1997.
- (viii) Resolution No. 12011/13/97-BCC published in the Gazette of India - Extraordinary No. 239, dated 3rd December, 1997.
- (ix) Resolution No. 12011/12/96-BCC published in the Gazette of India - Extraordinary No. 166, dated 3rd Aug., 1998.
- (x) Resolution No. 12011/68/93-BCC published in the Gazette of India - Extraordinary No. 171, dated 6th Aug., 1998.
- (xi) Resolution No. 12011/68/98-BCC published in the Gazette of India - Extraordinary No. 241, dated 27th Oct., 1999.
- (xii) Resolution No. 12011/88/98-BCC published in the Gazette of India - Extraordinary No. 270, dated 6th Dec., 1999.
- (xiii) Resolution No. 12011/36/99-BCC published in the Gazette of India - Extraordinary No. 71, dated 4th April, 2000.

Shri/ Smt./ Kum.* and/or his/ her family ordinarily reside(s) in the District of the State.

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 08.09.1993) and modified vide Government of India, Department of Personnel and training O.M No.36033/3/2004 - Estt. (Res) dated 09.03.2004.

Place :
Date :

DISTRICT MAGISTRATE / DEPUTY COMMISSIONER ETC.

*Strike out whichever is not applicable (with seal of office)

NB : (a) The term "ordinary" used here will have the same meaning as Section 20 of the Representation of the Peoples Act, 1950. (b) The authorities competent to issue caste certificates are indicated below :- (i) 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 (not below the rank of 1st class Stipendiary Magistrate). (ii) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate. (iii) Revenue Officer not below the rank of Tehsildar and (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

ANNEXURE - 5

Proforma for self declaration to be submitted by Other Backward Class Candidates alongwith the application while applying for the posts against Employment Notice No. of RRB

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 persons / sections (Creamy Layer) mentioned in column 3 of the Schedule 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 candidate
Date : Name of the candidate

ANNEXURE - 6

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. Date :

DISABILITY CERTIFICATE

1. This is certified that Shri/Smt./Kum.* son/daughter* of Shri age sex Male/Female having identification marks as below is suffering from permanent disability of following category :
 - A. Locomotor 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
 - (iv) OA-One arm affected (right or left)(a) Impaired reach (b) Weakness of grip (c) Apaxic
 - (v) BH-Stiff back and hips (cannot sit or stoop)
 - (vi) MW-Muscular weakness and limited physical endurance.
 - B. Blindness or Low Vision : C. Hearing impairment :
 - (i) B-Blind (i) D-Deaf
 - (ii) PB-Partially Blind (ii) PD-Partially Deaf
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 years..... months.
3. Percentage of disability in his / her case is percent.
4. Sh./Smt./Kum* meets the following physical requirement for discharge of his / her duties :

(i) F-can perform work by manipulating with fingers.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) PP-can perform work by pulling and pushing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) L-can perform work by lifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iv) KC-can perform work by kneeling and crouching.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(v) B-can perform work by bending.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(vi) S-can perform work by sitting.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(vii) ST-can perform work by standing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(viii) W-can perform work by walking.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ix) SE-can perform work by seeing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(x) H-can perform work by hearing / speaking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(xi) RW-can perform work by reading and writing	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Paste here you recent colour photograph showing the disability. (The photograph should be attested by the Chairperson of the Medical Board)

(Signature of Doctor)	(Signature of Doctor)	(Signature of Doctor)
Name :	Name :	Name :
Registration No. :	Registration No. :	Registration No. :
Member, Medical Board	Member, Medical Board	Member/Chairperson, Medical Board

* Please delete the words which are not applicable.

Place Countersignature of the Medical Superintendent /CMO /
Date : Head of Hospital (with seal)

Note : (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Right 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 Right and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be 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 which at least one shall be a specialist in the particular field for assessing locomotor / 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'.

*Please delete the words which are not applicable.

Shri/Smt./Kumari* fully conforms to the above vision standards.
Name of the Eye Specialist (Signature of the Eye Specialist)
Registration No. of the Eye Specialist (Seal of the Eye Specialist)
Place :

DECLARATION TO BE SUBMITTED BY VISUALLY HANDICAPPED CANDIDATES / THOSE CANDIDATES WHOSE WRITING SPEED IS AFFECTED BY CERBRAL PALSY

PARTICULARS OF THE SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate
2. Father's Name of Candidate
3. Date of Birth of the Candidate
4. Name of the Scribe
5. Father's Name of the Scribe
6. Address of the Scribe :
(a) Permanent Address
-
- (b) Present Address
-
7. Educational Qualification of the Scribe
-
8. Relationship, if any, of the Scribe to the Candidate.....

Paste here recent colour passport size photograph of the scribe of size 4 cm x 5 cm (The colour photograph should not be more than 3 months old)

Signature of scribe in the above box below the photograph

9. DECLARATION

We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read / been read out the instructions of the Railway Recruitment Board regarding conduct of the visually challenged candidates / scribes at this examination and hereby undertake to abide by them. We also declare that :

- (a) The academic qualification of the SCRIBE is below the qualification prescribed for the post applied for.
- * (b) The academic discipline of the SCRIBE is same as of the candidate since the application is for general posts / The academic discipline of the SCRIBE is different from that of the candidate as the application is for a specialist post. (Delete the portion not applicable)
- (c) The SCRIBE has not secured more than 60% marks in the qualification mentioned.

* Strike out which is not applicable

(Signature of the Candidate)

.....

Left Thumb impression of the Candidate in the box given above

(Signature of the Scribe)

.....

Left Thumb impression of the Scribe in the box given above

FORMAT OF INCOME CERTIFICATE TO BE ISSUED ON LETTER HEAD INCOME CERTIFICATE FOR WAIVER OFF EXAMINATION FEES FOR RRB EXAMINATIONS

The authorities to issue income certificate for the purpose of economically backward classes :

- (i) District Magistrate or any other Revenue Officer upto the level of Tehsildar.
- (ii) Sitting Member of Parliament of Lok Sabha for persons of their own constituency.
- (iii) BPL Card or any other certificate issued by Central Government under a recognized poverty alleviation programme or Izzat MST issued by Railways.
- (iv) Union Minister may also recommend to Chairman/RRBs for any persons from anywhere in the country.
- (v) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.

1. Name of candidate :
2. Father's Name :
3. Age :
4. Residential Address :
5. Annual Family Income :
(in words & Figures)
6. Date of Issue :
7. Signature : _____
8. Stamp of issuing authority :

(Name)

Proforma for declaration to be submitted by Minority candidates along with the application for the post against Employment Notice No. of RRB

DECLARATION

..... son/daughter of Shri
Resident of Village/Town/City..... district
State hereby declare that I belong to
(indicate your religion)

Signature of the Candidate

Place :

Date :

Name of the Candidate