

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/ Srimati/ Kumari*son/daughter* of Shri.....
Village/ Town...../District/Division*.....of
the.....State/Union Territory* belongs to the.....Caste*/Tribe which is
recognised as a Scheduled Caste / Scheduled Tribe (tick whichever is applicable) under :-

*The Constitution Scheduled Castes Order 1950.

*The Constitution Scheduled Tribes Order 1950.

*The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order 1951;

*The Constitution (Scheduled Tribes) (Union Territories) (Part C States) 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 Orders, 1956

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled *Tribes Orders (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 Orders, 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

*The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.

*The Constitution (SC) Orders (Amendment) Act, 1990

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1991

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1996

*The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002

*The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.

*The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.

2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes Certificate issued to Shri/Srimati*father/mother*of Shri/Srimati/Kumari..... of Village/ Town*in/District/Division*of the State/Union Territory*who belongs to the.....Caste*/Tribe which is recognised as a Scheduled Caste/ Scheduled Tribe in the Station/ Union Territory* issued by thedated.

3. Shri/Srimati/Kumari* and /or* his/her* family ordinarily resides in Village/Town* District/ Division* of the State/ Union Territory* of.....

* Please delete the words which are not applicable.

@ Please quote the specific presidential order.

% Please delete the Paragraph, which is not applicable.

Note: (a) 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:

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. Revenue Officers not below the rank of Tehsildar. 4. Sub-Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetted Officers of the Central or of a State Government Countersigned by the District Magistrate concerned. 6. Administrator/ Secretary to Administrator (Laccadive, Minicoy and Admindivi Islands).

Signature

Designation

(with seal of Office)

State/ Union Territory

Place

Date

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/Townin 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.**

DECLARATION**Proforma for declaration to be submitted by Other Backward Class Candidates at the time of document verification, who had applied for the posts against Centralized Employment Notice No. CEN 1/2018**

"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 recognised 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 08.03.1993 and its subsequent revisions through O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013 and 13.09.2017.

Place:

Signature of the Candidate

Date:

Name of the candidate



Income Certificate for EBC

Proforma for Waiver of Examination Fees to be submitted by Economically Backward Class candidates at the time of document verification against Centralized Employment Notice No CEN 1/2018

1. Name of Candidate :
2. Father's Name :
3. Age :
4. Residential Address :
.....
5. Annual Family Income (In words & Figures) :
.....

Date:

Signature:

Name:

Stamp of Issuing Authority :

Note: Economically Backward Classes will mean the candidates whose family income is less than 50,000/- per annum. The following authorities are authorized to issue income certificates for the purpose of identifying economically backward classes:

(1) District magistrate or any other Revenue Officer up in the level of Tahsildar (2) Sitting Member of Parliament of Lok Sabha for persons of their own Constituency (3) BPL Card or any other certificate issued by Central Government under a recognized poverty alleviation programme or Izzat MST issued by Railways. (4) Union Minister may also recommend to Chairman /RRBs for any persons from anywhere in the country. (5) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.

DECLARATION

**Proforma for Waiver of Examination Fees to be submitted by
Minority candidates at the time of Document Verification against
Centralized Employment Notice No CEN 1/2018**

"I,..... son/daughter of
Shri resident of village / town / city
..... district state.....hereby
declare that I belong to the.....(indicate minority community notified by
Central Government i.e., Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrians (Parsis))

Date : Signature of the Candidate

Place : Name of the Candidate

Note : At the time of document verification such candidates claiming waiver of examination fee will be required to furnish 'Minority Community Declaration' affidavit on Non Judicial Stamp paper that he / she belongs to any of the minority community notified by Central Government (i.e., Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrians (Parsis)).



Disability Certificate

FORM-II

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See Rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

| |
|--|
| Recent PP Size Attested Photograph (Showing face only) of the person with disability |
|--|

Certificate No.:

Date:

This is to certify that I 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
..... Post Office..... District..... State.....

Whose photograph is affixed above, and am satisfied that:

(A) He/she is a case of:

*Locomotor Disability

*Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is

(1) He/She has% (in figure percent (in words) permanent physical impairment/
blindness in relation to his/her (part of body) as per guidelines (to be specified).

(2) The applicant has submitted the following document as proof of residence:

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
| | | |

| |
|--|
| Signature / Thumb Impression of the person in whose favour disability certificate is issued |
|--|

(Signature and Seal of Authorized
Signatory of notified Medical Authority)

**Disability Certificate
FORM-III**

(In case of multiple disabilities)

**(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 :

1) not necessary, Or

ii) is recommended/afteryearmonths, 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 |
|--------------------|---------------|--|
| | | |

5. Signature and seal of the Medical Authority

| | | |
|--|--|--|
| | | |
|--|--|--|

Name and seal of Member

Name and seal of Member

Name and seal of the Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued

**Disability Certificate
FORM – IV**

(In cases other than those mentioned in Forms II and III)
(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:

This is to certify that I 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 am satisfied that he/she is a case Disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is 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 | | |

(Please strike out the disabilities which are not applicable)

2. The above 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 yearsmonths 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))] | |

Signature / Thumb
Impression of the person
in whose favour disability
certificate is issued

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

**DECLARATION TO BE SUBMITTED BY VISUALLY HANDICAPED CANDIDATES & THOSE
CANDIDATES WHOSE WRITING SPEED IS AFFECTED BY CEREBRAL PALSY OR
MUSCULAR WEAKNESS AND CANDIDATES WITH ONE ARM**

PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

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

Regn. No:

Paste here recent colour Passport Size Photograph of the SCRIBE of size 3.5 cmx 4.5cm (The colour photograph should not be more than 3 months old.

Sign of Scribe

8. 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 here by undertake to abide by them. We also certify that the scribe himself/herself is not a candidate for this CEN. Further he/she has not acted as scribe for any other candidate in any CBT of this CEN.

(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.**

**Proforma for Medical Certificate to be obtained by candidates applying
for the posts of Assistant Loco Pilot from an Eye Specialist**

I have examined Shri/Smt/Kum who has applied for the post of Assistant Loco Pilot in Indian Railways. His/her vision has been tested with reference to the required standard and the results are as below:

Paste here your recent colour passport size photograph of size 3.5 cm x 4.5 cm (The colour photograph should be the same as used in the registration) The photograph should be attested by the eye specialist

Signature of candidate

| Distant Vision | | Near Vision | | Colour Vision Ishihara | | Binocular Vision, Field of Vision & Night Vision | |
|--|----------------------------|------------------------------|---------------------------|------------------------|---------------------------|--|---------------------------|
| Required Standard | Actual Observation / Value | Required Standard | Actual Observation/ Value | Required Standard | Actual Observation/ Value | Required Standard | Actual Observation/ Value |
| 6/6, 6/6 without glasses with fogging test (must not accept +2D) | | Sn. 0.6, 0.6 without glasses | | Normal | | Normal | |

Shri/Smt/Kum fully conforms / does not conform (**Strike out either 'fully conforms' or 'does not conform' as the case may be**) to the above vision standards.

It is also certified that he/she did not undergo any surgery to correct refractive error.

Name of the Eye Specialist

Registration No. of the Eye Specialist.

Place:

Date:

(Signature & Seal of the Eye Specialist)