

FORMATS FOR CERTIFICATES FOR RAILWAY RECRUITMENT BOARD EXAMS

FORM OF CASTE CERTIFICATE FOR SC/ST

ANNEXURE-3

This is to certify that Shri*/Shrimati/Kumari*.....
son/daughter of.....Village/Town.....
District/Division*..... of the.....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) (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, 1956, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) 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 Orders, 1962
- * The Constitution (Dadra and Nagar Haveli)* Scheduled Tribes Orders, 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/Shrimati*.....father/mother*..... of Shri/Shrimati/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 State/Union Territory* issued by the..... dated.

3. Shri/Shrimati/Kumari* and/or* his/her* family ordinarily reside(s) in Village/Town*..... District Division* of the State/Union Territory* of.....
Place : Signature.....
Date : Designation.....
(with seal of Office)
State/Union Territory.....

* Please delete the words which are not applicable.

@ Please quote the specific presidential order.

% 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

The following Officers are authorised to issue caste certificate :

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Clas 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).

OBC CERTIFICATE FORMAT

ANNEXURE-4

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS 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 Backward Class under the Govfernment of India,
Ministry of Social Justice and Empowerment's Resolution No.....
dated.....* .

Shri/Smt./Kumari.....
and/or his/her family ordinary reside(s) in the..... Distric/Divisiont 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 O.M. No.
36012/22/93-Estt. (SCT) dated 8.9.1993** .

District Magistrate
Deputy Commissioner etc.

Dated:

Seal

*- The authority issuing the certificate may have to mention the details of Resolution of Government of India,
in which the caste of the candiate is mentioned 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.

FORM-II**ANNEXURE-9****Disability Certificate****(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 Age years, Male/Female.....
(DD/ MM / YY)

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.....

(A) 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 and Seal of Authorised Signatory of
notified Medical Authority)Signature/Thumb
Impression of the
person in whose
favour disability
certificate is issued

FORM-III

Disability Certificate

(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 :

This is to certify that we have carefully examined

Shri/Smt./Kum..... son/wife/daughter of

Shri.....

Date of Birth Age years, Male/Female.....
(DD / MM / YY)

Registration No. Permanent Resident of House No Ward/Village/Street.....

Post Office..... District..... State.....

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 :

S. 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	×		
6	Mental-illness	×		

(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.....years..... months, and therefore this certificate shall be valid till.....

(DD)

(MM)

(YY)

@ 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

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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

FORM-IV

Disability Certificate

(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 Age years, Male/Female.....
(DD) (MM) (YY)

Registration No. Permanent Resident of House No.....

Ward/Village/Street..... PostOffice..... District..... State.....,

whose photograph is affixed above, and am satisfied that he/she is a caseDisability. 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 :

S. 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	×		
6	Mental-illness	×		

(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.....years..... months, and therefore this certificate shall be valid
till.....

(DD)

(MM)

(YY)

@ 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.

Note : 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 VISUAL HANDICAPED CANDIDATES
THOSE CANDIDATES WHOSE WRITING SPEED IS AFFECTED BY CEREBRAL PALSY**

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.....

Control No.(for office use)
Paste here recent color passport size photograph of the SCRIBE of size 4 cm x 5 cm (The color photograph should not be more than 3 months old)

Signature of SCRIBE in the above box before the photograph

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 hereby undertake to abide by them.

(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