NORTH EASTERN RAILWAY - RECRUITMENT AGAINST PHYSICALLY HANDICAPPED QUOTA

Annexure-I

EMPLOYMENT NOTICE No.: NER/NER/SRD/1/2012
PLEASE FILL UP THE APPLICATION IN CAPITAL LETTERS IN OWN HANDWRITING
(All applications must be submitted in A4 size 80GSM paper) (bond paper)

For Office use only:
Control Number:

Application for:

Category Number (s)	Name of the Post (s)

Paste (do not pin or staple) here your recent colour passport size photo of size 3.5cm x 3.5 cm. (The colour photo shall not be more than 3 months old.) Not to be attested.

Signature of the candidate

2. Name of Candidate:

3. Father's Name:

4.Date of Birth: (DD/MM/YYYY):

5. Community: (Tick)

SC	ST	OBC	UR

6. Type of Physical Disability: (Tick)

VH	HH	OH

7. Address for communication:

PINCODE -

12. **Nearest Railway Station:**
(In English only for issue of free railway pass for SC /ST candidates)

8.	Nationality	
9.	Religion	
10.	SEX	
11.	Marital Status	

13. Visible Marks of Identification : (moles etc on your body)
1.
2.

14. Educational Qualifications:
a) Academic:

Qualification	University / Board	Year of passing	Subjects	% of marks
SSC / 10th class				
Higher Secondary/XII				
Degree				
b) Technical:				
Diploma				
Others				

15. Declaration by the candidate: (copy the passage in the box below in your own hand writing):
I hereby declare that all the particulars given above by me are true and to the best of my knowledge. I am aware that in the event of any information furnished by me is found false / incorrect at any stage, my candidature will be rejected summarily and I am also liable for criminal action.

Place:
Date:

Left hand Thumb Impression

Signature of the applicant

FORM OF CASTE CERTIFICATE FOR SC/ST

Annexure-II

(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 / Smt. /Km.*..... 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 and the North Eastern Area (Re-organisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976)•The Constitution (Jammu & 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 Orders, 1964@ • The Constitution (Scheduled Tribes) (Uttar Pradesh) 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/Shrimati/Kumari *.....and / or his / her* family, reside(s) in village/town* .....of*.....District/Division* of the State / UnionTerritory* of.....

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

Place.....
Date.....

* 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 Officers not below the rank of Tahsildar / Sub-Divisional Officer of the area where the candidate and / or his / her family normally reside(s).
Note : ST Candidates belonging to Tamilnadu State should submit caste certificate ONLY from the REVENUE DIVISIONAL OFFICER.

Annexure-IV

Proforma for declaration to be submitted by Other Backward Class Candidates along with the application while applying for the posts against Employment Notice No.....

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 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 08.09.1993 and its subsequent through O.M. No. 36033/3/2004-Estt. (Res.) dated 09.03.2004"

Place :
Date :

Signature of the Candidate
Name of the Candidate

OBC CERTIFICATE FORMAT

Annexure-III

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. / Km.*..... son/daughter* of Shri.....of Village/Town.....District .....in .....State belongs to..... community which is recognised as Backward Class under.....
(indicate the Sub Caste above)
(1) Resolution No.12011/68/93-BCC@dated 10th September 1993, published in the Gazette of India - Extra ordinary-part 1, Section 1, No.186, dated 13th September 1993. **(2)** Resolution No.12011/9/94-BCC, dated 19th October 1994, published in the Gazette of India - Extraordinary-part 1, Section 1, No.163, dated 20th October 1994. **(3)** Resolution No.12011/7/95-BCC, dated 24th May 1995, published in the Gazette of India - Extraordinary-part 1, Section 1, No.88, dated 25th May 1995. **(4)** Resolution No.12011/44/96-BCC, dated 6th December 1996, published in the Gazette of India-Extraordinary-part 1, Section 1, No.210, dated 11th December 1996. **(5)** Resolution No.12011/68/93-BCC, published in the Gazette of India - Extraordinary-No. 129, dated the 8th July 1997. **(6)** Resolution No.12011/12/96-BCC, published in the Gazette of India - Extraordinary-No. 164, dated the 1st September 1997. **(7)** Resolution No.12011/99/94-BCC, published in the Gazette of India - Extraordinary-No. 236, dated the 11th December 1997. **(8)** Resolution No.12011/13/97-BCC, published in the Gazette of India - Extraordinary-No. 239, dated the 3rd December 1997. **(9)** Resolution No.12011/12/96-BCC, published in the Gazette of India - Extraordinary-No. 166, dated the 3rd August 1998. **(10)** Resolution No.12011/68/93-BCC, published in the Gazette of India - Extraordinary-No. 171, dated the 6th August 1998. **(11)** Resolution No.12011/68/98-BCC, published in the Gazette of India - Extraordinary-No. 241, dated the 27th October 1999. **(12)**Resolution No.12011/88/98-BCC, published in the Gazette of India - Extraordinary-No. 270, dated the 6th December 1999. **(13)** Resolution No.12011/36/99-BCC, published in the Gazette of India - Extraordinary-No. 71, dated the 4th April 2000.
Shri/Smt./Km.*.....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 8.9.1993) 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 :

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)

Annexure-V

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No..... Date: .....

DISABILITY CERTIFICATE

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

Signature of candidate in the above box below the photograph

1. This is certified that Smt./Shri/Km.*.....
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 (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/Km.*..... 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 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'.

Annexure-VI

DECLARATION TO BE SUBMITTED BY VISUALLY HANDICAPPED CANDIDATES/THOSE CANDIDATES WHOSE WRITING SPEED IS AFFECTED BY CEREBRAL PALSY PARTICULARS OF THE SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

Control No. (for office use)

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

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 .....
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. 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 post / 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)
*Strike out which is 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

General Manager (P)/N.E. Railway, Gorakhpur

Railway Vigilance Mobile Helpline No.:0551-155210 (for Complaints regarding Corruptions)

" Serving customers with a smile "