

ANNEXURE II

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES CANDIDATES

This is to certify that son/daughter of of village..... District/Division.....in..... State belongs to community which is recognized as a backward class under :

1. Resolution No.12011/68/93-BCC © dated 10th September 1993, published in the Gazette of India, Extraordinary part 1, Section 1, No.186 dated 13th September 1993.
2. Resolution No.12011/9/94-BCC, dated 19th October 1994, published in Gazette of India, Extraordinary part 1, Section 1 No.88, 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 Gazette of India, Extraordinary part 1, Section 1 No.210, dated 11th December 1996.
5. Resolution No.12011/68/93-BCC, published in Gazette of India Extraordinary No.129, dated 8th July 1997.
6. Resolution No.12011/12/96-BCC, published in Gazette of India Extraordinary No.164, dated 1st September 1997.
7. Resolution No.12011/99/94-BCC, published in Gazette of India Extraordinary No.236, dated 11 December 1997.
8. Resolution No.12011/13/97-BCC, published in Gazette of India Extraordinary No.239, dated 3rd December 1997.
9. Resolution No.12011/12/96-BCC, published in Gazette of India Extraordinary No.166, dated 3rd August 1998.
10. Resolution No.12011/68/93-BCC, published in Gazette of India Extraordinary No.171, dated 6th August 1997.
11. Resolution No.12011/68/98-BCC, published in Gazette of India Extraordinary No.241, dated 27th October 1999.
12. Resolution No.12011/88/98-BCC, published in Gazette of India Extraordinary No.270, dated 6th December 1999.
13. Resolution No.12011/36/99-BCC, published in Gazette of India Extraordinary No.71, dated 4th April 2000.
14. Resolution No.12011/44/99-BCC, dated 21/09/2000 published in Gazette of India Extraordinary Part 1 Section 1 No.210, dated 21/09/2000.

Shri and/or his family ordinarily reside(s) in the District/Division 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 of the Government of India, Department of Personnel & Training O.M.No.36033/2/2004-Estt (Res) dated 09/03/2004.

Date :

Seal

District Magistrate/Dy.Commissioner etc.

N.B: The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation of Peoples Act., 1950.

ANNEXURE - III

FORM OF CASTE CERTIFICATE FOR SC/ST CANDIDATES**1. Form of certificate to be produced by a candidate belonging to scheduled caste or scheduled tribe in support of claim.**

This is to certify that Shri/Smt/Kum..... Son/Daughter of District/Division of State/Union Territory belongs to the..... Caste/Tribe which is recognised as Scheduled Caste or Scheduled Tribe under:

1. The Constitution (Scheduled Caste) order, 1950.
2. The Constitution (Scheduled Tribes) order, 1950
3. The Constitution (Scheduled Caste) (Union Territories) order, 1951,
4. The Constitution (Scheduled Tribes) (Union Territories) order 1951 as amended by the Scheduled Caste and Scheduled Tribes Lists Modification Order, 1956, the Bombay Reorganization Act 1960, the Punjab Reorganisation Act 1966, the State of Himachal Pradesh Act, 1970, The Northeast Reorganisation Act 1971 and the Scheduled Tribes Order (Amendment Act, 1976)
5. The Constitution (Jammu & Kashmir) Scheduled Caste order, 1956.
6. The Constitution (Jammu & Kashmir) Scheduled Tribe order, 1956.
7. The Constitution (Andaman & Nicobar Islands) Scheduled Caste order, 1962.
8. The Constitution (Dadra & Nagar Haveli) Scheduled Caste order, 1962.
9. The Constitution (Dadra & Nagar Haveli) Scheduled Tribe Order, 1962.
10. The Constitution (Pondicherry) Scheduled Caste order, 1964.
11. The Constitution Scheduled Tribes (Uttar Pradesh) order, 1967.
12. The Constitution (Goa, Daman & Diu) Scheduled Caste order, 1968
13. The Constitution (Goa, Daman & Diu) Scheduled Tribes order, 1968
14. The Constitution (Nagaland) Scheduled Tribes order, 1970.
15. The Constitution (Sikkim) Scheduled Caste order, 1978.
16. The Constitution (Sikkim) Scheduled Tribes order, 1978

2. Application in the case of Scheduled Caste/ Scheduled Tribe Persons who have migrated from one State / Union Territory

This certificate is issued on the basis of Scheduled Caste/ Scheduled Tribe certificate issued to Shri/Smt/Kum*Father/Mother of Shri /Smt /Kum In District/Division* of State/Union Territory.....who belongs to the..... Caste/ Tribe* which is recognised as a Scheduled Caste / Scheduled Tribe* 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.

Signature..... Date..... Designation (with seal of office).

(*) Please delete the words, which are not applicable.

Please quota specific presidential offer (*) Delete the paragraph which is not applicable.

Note: The term* Ordinarily resides * used will have the same meaning as in section 30 of the Representation of the Peoples Act, 1950.

ANNEXURE IV

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. _____

Date _____

DISABILITY CERTIFICATE

Recent
Photograph of the
candidate showing
the disability duly
attested by the
Chairperson of the
Medical Board

This is to certify that Shri/Smt/Kum _____ son/wife/daughter of Shri _____ age _____ sex _____ identification mark(s) _____ 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) BLA - Both legs and arms affected
- (iv) OL - One leg affected (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (v) OA - One arm affected (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (vi) BH - Stiff back or hips (Cannot sit or stoop)
- (vii) 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 _____ years _____ months.*

3. Percentage of disability in his/her case is present.

4. Sh./Smt./Kum..... meets the following physical requirements 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 & writing. | Yes/No |

(Dr. _____)

Member
Medical Board

(Dr. _____)

Member
Medical Board

(Dr. _____)

Chairperson
Medical Board

Countersigned by the
Medical Superintendent/CMO/Head of
Hospital (with Seal)

* Strike out which is not applicable.

ANNEXURE-V

**EXAMINATION FOR RECRUITMENT FOR GROUP 'D'
Particulars of the Scribe proposed to be engaged by the candidates.**

Photograph
of the scribe
duly signed
by the scribe.

1. NAME OF THE BLIND CANDIDATE _____
2. ROLL NO. OF THE CANDIDATE (for office use) _____
3. DATE OF BIRTH _____
4. CENTRE/SUB CENTRE OF EXAM (for office use) _____
5. NAME OF THE SCRIBE _____
6. FATHER'S NAME OF THE SCRIBE _____
7. ADDRESS OF THE SCRIBE

- a) Permanent address _____
- b) Postal address _____

8. EDUCATIONAL QUALIFICATION OF THE SCRIBE _____

9. RELATIONSHIP, IF ANY, OF THE SCRIBE TO THE CANDIDATE _____

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 Cell regarding conduct of visually challenged candidates/ scribe at this examination and hereby undertake to abide by them.

(Signature of the candidate)

(Signature of the Scribe)

Annexure VI

Format for Income Certificate to be issued on letter head for waiver of examination fees.

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

Annexure - VII

Declaration for Minority Community Candidates

It is declared that I, _____ belong to the _____ religion which is Minority Community. Therefore, I seek exemption from the payment of examination fees. I shall submit the 'Minority Community Declaration' affidavit on non-judicial stamp paper at the time of verification of documents, in case I am found suitable.

Date : _____

Signature : _____

Place: _____

Name : _____

This Notification is also available in N.F. Railway's website
www.nfr.railnet.gov.in.

**NORTHEAST FRONTIER RAILWAY****“SERVING CUSTOMERS WITH A SMILE”**