

### FORMAT OF CASTE CERTIFICATE FOR SC/ST CANDIDATES

This is to certify that Shri\*/ Srimati/ 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 Reorganisation Act 1960, the Punjab Reorganisation 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.

@The Constitution (Scheduled Caste) Order (Amendment) Act 2007

As amended from time to time.

%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 State / Union Territory\* issued by the ..... dated.....

%3. Shri/Srimati/Kumari\*..... and/or\* his/her\* family ordinarily resides 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.

Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1<sup>st</sup> Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate/ Executive Magistrate / Extra Assistant Commissioner (not below the rank of First-Class Stipendiary Magistrate). 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 (Lakshadweep, Andaman and Nicobar Islands).

### FORMAT FOR OBC -NCL CERTIFICATE

#### FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL) APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kum.\* \_\_\_\_\_  
Son/Daughter\* of Shri/Smt.\* \_\_\_\_\_ of  
Village/Town\* \_\_\_\_\_ District/Division\* \_\_\_\_\_ in the State/Union Territory  
\_\_\_\_\_ belongs to the \_\_\_\_\_ community that is recognized as a  
backward class under 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 08/09/93 and modified vide GOI DOPT OM No. 36033/1/2013-Estt. (Res.) dated 13/09/2017\*\*\*.**

Dated: \_\_\_\_\_

District Magistrate/Deputy Commissioner  
/Any other Competent Authority

Office Seal

\* Please delete the word(s) which are not applicable.

\*\* The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

\*\*\* As amended from time to time

NOTE:

a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

b) The authorities competent to issue Caste Certificates are indicated below:

(i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.

(iii) Revenue Officer not below the rank of Tehsildar' and Sub-Divisional Officer of the area where the candidate and / or his family resides.

### SELF DECLARATION BY OBC(NCL) CANDIDATES

**Proforma for declaration to be submitted by Other Backward Class  
Candidates during document verification, who had applied for the posts  
against Centralized Employment Notification No. 03/2025**

"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-Est..(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 revision through  
O.M.No.36033/1/2013-Estt. (Res) dated 13.09.2017 as on the date of submission of the application.

Place: Signature of the Candidate: .....

Date: Name of the candidate: .....

RRB REGN. NO./ROLL NO. : .....

Government of \_\_\_\_\_  
(Name & Address of the authority issuing the certificate)

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWS)**

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

**VALID FOR THE YEAR** \_\_\_\_\_

This is to certify that Shri / Smt. / Kumari \_\_\_\_\_  
Son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_,  
Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the  
State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to  
Economically Weaker Sections, since the gross annual income\* of his/her "family"\*\* is below Rs.8 lakh (Rupees Eight  
Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\*:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste  
which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Recent Passport size  
Photograph of the  
Applicant.  
To be attested by the  
authority issuing this  
certificate

Signature with seal of  
Office \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_

**\* Note 1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.

**\*\* Note 2:** The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

**\*\*\*Note 3:** The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

The authorities competent to issue Income and Asset Certificate are indicated below:

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/1<sup>st</sup> Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer or the area where the candidate and/or his family normally resides.

### Income Certificate for Economically Backward Class candidates

**Proforma for Waiver of Examination Fees to be submitted by Economically Backward Class (EBC) candidates at the time of document verification against Centralized Employment Notification No. 03/2025**

**Certificate No.**

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 (EBC) will mean the candidates whose family income is less than Rs. 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 to the level of Tahsildar .
- (2) Sitting Member of Parliament of Lok Sabha for persons of their own Constituency.
- (3) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.
- 4) Union Minister for any persons from anywhere in the country.

## DECLARATION

**Proforma for Waiver of Examination Fees to be submitted by Minority candidates at the time of document verification against Centralized Employment Notification No. 03/2025**

"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).

**FORM – V**Certificate of Disability**(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness)****[See Rule 18(1)]****(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent Passport Size  
Attested Photograph  
of the person with  
disability  
(Showing face only)

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

\*Dwarfism

\*Blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is .....

(1) He / She has .....% (in figure) ..... percent (in words)  
permanent locomotor disability / dwarfism/blindness in relation to his/her ..... (part of  
body) as per guidelines (..... number and date of issue of the 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  
certificate of disability is  
issued

(Signature and Seal of Authorized Signatory of notified

## FORM-VI

## Certificate of Disability

(In case of multiple disabilities)

[See Rule 18(1)]

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

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

Recent Passport  
Size Attested  
Photograph of the  
person with  
disability  
(Showing face  
only)

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 .....  
..... 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 (..... number and date of issue of the 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	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low Vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism Spectrum Disorder			
15	Mental illness			
16	Chronic Neurological Conditions			
17	Multiple Sclerosis			
18	Parkinson's Disease			
19	Hemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (..... number and date of issue of the 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 ..... year ..... months, 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



**FORM-VII****Certificate of Disability**

(In cases other than those mentioned in Forms V  
and VI) [See Rule 18(1)]

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

Recent Passport  
Size Attested  
Photograph of  
the person with  
disability  
(Showing face  
only)

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

1. 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 I am satisfied that He/She is a case of \_\_\_\_\_ Disability. His/her extent of percentage

Physical impairment/disability has been evaluated as per guidelines (..... number and date of issue of

the 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	Locomotors Disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low Vision	#		
7	Deaf	£		
8	Hard of Hearing	£		
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological Conditions			
15	Multiple Sclerosis			
16	Parkinson's Disease			
17	Hemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

(B) In the light of the above, his/her overall 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.....year..... months, 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

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 (withseal))		(Authorised Signatory of notified Medical Authority) (Name and 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 31<sup>st</sup> December,1996.

## LETTER OF UNDERTAKING FOR USING SCRIBE

- NOTE:** 1. In case of persons with benchmark disabilities in the category of Blindness, Locomotor Disability (Both Arm affected – BA) and Cerebral Palsy, the facility of scribe shall be given, if so desired by the person. The candidate can avail the assistance of scribe after submission of letter of undertaking as per Annexure V(D) at the examination centre.
2. In case of other category of persons with benchmark disabilities, the provision of scribe can be allowed on production of a certificate to the effect that the person concerned has physical limitation to write and scribe is essential to write examination on his behalf, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government Health Care institution. The candidate can avail the assistance of scribe after producing the certificate as per Annexure V(G) and submission of letter of undertaking as per Annexure V(D) at the examination centre.
3. The PwBD persons having less than 40% disability (covered under the definition of Section 2(s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act) and having difficulty in writing can also avail the assistance of scribe for writing answers on their behalf after producing the certificate as per Annexure V(E) and submission of letter of undertaking as per Annexure V(F) at the examination centre.

### PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate.....
2. Roll No.....
3. Name of CBT Center.....
4. Qualification of Candidate.....
5. Disability Type.....
6. Name of Scribe .....
- 6a) My scribe Onetime Registration Number (OTR) with RRBs is:
7. Date of Birth of the Scribe.....
8. Father's Name of the Scribe.....
9. Address of the Scribe:
  - (a) Permanent Address.....
  - (b) Present Address.....
10. Educational Qualification of the Scribe.....
11. Relationship if any, of the Scribe to the Candidate.....

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

### 12. DECLARATION:

- i) 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 candidates assisted by Scribe/Scribes at this examination and here by undertake to abide by them.
- ii) We declare that the Scribe himself/herself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.
- iii) We declare that the scribe has not acted /will not act as Scribe to any other candidate of this examination.
- iv) We declare that educational qualification of scribe is one step below the educational qualification of the Candidate taking examination. In case subsequently it is found that the qualification of the scribe is not as declared by the scribe, and it is beyond the qualification of the candidate taking examination, the candidate shall forfeit to the post and claims relating thereto.

(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

Signature of the Invigilator

**Certificate for person with specified disability covered under the definition of section 2(s) of the RPwD Act, 2016 but not covered under the definition of section 2( r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing**

1. This is to certify that, we have examined Mr./Ms/Mrs..... (name of the Candidate), S/o/D/o ..... , a resident of..... (Village/ P.O./ P.S./ District/ State), aged .....years, a Person with..... (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.
2. The above candidates uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is/are essential for the candidate to appear at the examination with the assistance of scribe.
3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid up to..... (it is valid for maximum period of six months or less as may be certified by the medical authority).

Signature of Medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic/ PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer..... Chairperson				

**Name of Government Hospital/ Health Care centre with seal**

**Place:**

**Date:**

## LETTER OF UNDERTAKING BY THE PERSON HAVING LESS THAN 40% DISABILITIES AND HAVING DIFFICULTY IN WRITING

Paste here recent colour  
Passport Size photograph of  
the scribe of size 3.5 cm x 4.5  
cm (The colour photograph  
should not be more than  
TWO months old.

Signature of scribe in the above  
box (i.e in the box below the  
photograph)

Letter of Undertaking by the person with specified disability covered under the definition of Section 2(s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

1. I ----- a candidate with ----- (nature of disability / condition) appearing for the -----  
(name of the examination) bearing Roll No. ----- at ----- (name of the centre) in the District-----,  
----- (name of the state). My educational qualification is -----.
2. I do here by state that----- (name of the scribe) will provide the service of scribe for the undersigned for taking  
the aforementioned examination.
3. I do hereby undertake that his qualification is----- --. In case, subsequently it is found that his  
qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post or  
certificate/diploma/degree and claims relating thereto.
4. My scribe Onetime Registration Number (OTR) with RRBs is .....

(Signature of the candidate)

(Counter signature by the parent/guardian, if the candidate is minor)

Place:

Date:

**CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE**

This is to certify that, I have examined Mr/Ms/Mrs \_\_\_\_\_ (name of the candidate with disability), a person with \_\_\_\_\_ (nature and percentage of disability as mentioned in the certificate of disability), S/O / D/O \_\_\_\_\_, a resident of \_\_ (Village / District/ State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

**Signature****Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution****Name & Designation****Name of Government Hospital/Health Care Centre with Seal****Place:****Date:**

**Note: Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual impairment – Ophthalmologist, Locomotor Disability-Orthopaedic specialist/PMR).**

**DECLARATION TO BE SUBMITTED BY EX-SERVICEMEN CANDIDATES  
REGARDING CIVIL EMPLOYMENT BY AVAILING  
EX-SERVICEMEN QUOTA**

I understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-Servicemen in regard to the recruitment covered by this Centralized Employment Notification (CEN), if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertaking, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.), by availing of the concession of reservation of vacancies admissible to Ex-servicemen.

**I also hereby declare the following facts:**

- a) I have not secured any civil employment by availing Ex-Servicemen quota, before attending for document verification for the posts of CEN \_\_\_\_\_.
- b) I have availed Ex-Servicemen quota for securing civil employment and I have given self-declaration/undertaking to my employer about the details of applications(s) for various vacancies notified in CEN \_\_\_\_\_ for which I have applied for, before joining the civil employment. Certificate for submission of self-declaration / undertaking from the present Employer is enclosed.

(Strikeout whichever is not applicable).

Place:

Signature: .....

Date:

Name: .....

Roll No: .....

### PROFORMA OF CERTIFICATE FOR EMPLOYED OFFICIALS

1. It is informed that Shri/Kum./Smt. \_\_\_\_\_ Working as \_\_\_\_\_ (Rank) in \_\_\_\_\_ (Unit/office) has applied for the post of \_\_\_\_\_ as advertised by \_\_\_\_\_ (name of recruiting agency) vide Advt.No. \_\_\_\_\_ dated \_\_\_\_\_.

2. I hereby, \_\_\_\_\_ with the information available, certify in respect of Shri/ Kum./ Smt. \_\_\_\_\_ (Name) No. \_\_\_\_\_ (Rank), as follows:-

i. He/She will be completing the prescribed period of engagement of \_\_\_\_\_ years (in words) for acquiring Ex-serviceman status, subject to fulfillment of other condition, on \_\_\_\_\_ (date). Shri/Kum/Smt. \_\_\_\_\_ shall complete \_\_\_\_\_ years of service (in words) on the date of No Objection Certificate and \_\_\_\_\_ years of service (in words) at the time of leaving of military service.

ii. He/She will be released on selection to the post.

Place:

Date:

Commanding Officer:

(Signature)

Office Seal