

**Trade Applied For : \_\_\_\_\_****Personal details to be filled be filled by the Candidate (PLEASE USE BLOCK LETTERS)**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Marks of Identification: \_\_\_\_\_

Any significant Medical History hospitalization, surgery, injuries, seizure disorder etc. if yes details:  
\_\_\_\_\_  
\_\_\_\_\_

Personal Habits -Smoking/Tobacco/Alcohol if yes

Specify: \_\_\_\_\_

**Signature of candidate**

\*\*\*\*\*

**Clinical Examination and Investigations to be filled by General Practitioner (MBBS)/ physician (MD) of Government/ Municipal Hospital**

Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Respiratory system: \_\_\_\_\_

Heart sounds: \_\_\_\_\_

Skin Examination: \_\_\_\_\_

Vision Acuity test – Normal/ Abnormal

Complete Blood Count: \_\_\_\_\_

Urine R&amp;M: \_\_\_\_\_

Any other findings: \_\_\_\_\_

**It is certified that \_\_\_\_\_ is fit/unfit (  whichever is applicable) to join as Trade Apprentice 2024 at RCF Ltd.**

Signature and stamp of the Doctor.	Address of the Government / Municipal.	Registration NO. of the Doctor

## Annexure II

### FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENTS TO POSTS UNDER THE GOVERNMENT OF INDIA AND CENTRAL GOVT. PUBLIC SECTOR UNDERTAKINGS

This is to certify that to Shri/Smt./Kumari \_\_\_\_\_ Son / daughter of \_\_\_\_\_ of village \_\_\_\_\_ District \_\_\_\_\_ /Division \_\_\_\_\_ in the \_\_\_\_\_ State \_\_\_\_\_ belongs to the \_\_\_\_\_ Community, which is recognized as a backward Class under: -

- (i.) Government of India, Ministry of Welfare Resolution No. 12011/68/93BCC (C), dated 10th September 1993 published in the Gazette of India Extraordinary Part - 1, Section 1. dated the 13th September 1993 and
- (ii.) Government of India, Ministry of Welfare Resolution No.12011/9/94-BCC, dated the 19th October 1994 published in the Gazette of India, Extraordinary, Part - 1, Section 1. No. 163 dated the 20th October 1994.
- (iii.) Government of India, Ministry of Welfare Resolution No.12011/7/95-BCC, dated the 24th May 1995, published in the Gazette of India, Extraordinary, Part - 1, Section 1. No. 88 dated the 25th May 1995.
- (iv.) Government of India, Ministry of Welfare Resolution No.12011/96/94-BCC, dated the 9th March 1996 published in the. Gazette of India, Extraordinary, Part - 1, Section 1. No.60 dated the 11th March 1996.
- (v.) Government of India, Ministry of Welfare Resolution No.12011/44/96-BCC, dated the 6th December 1996 published in the Gazette of India, Extraordinary, Part - 1, Section 1. No.210 dated the 11th December 1996.
- (vi) Resolution No.12011/13/97-BCC, dated the 3<sup>rd</sup> December 1997
- (vii) Resolution No.12011/99/94-BCC, dated the 11th December 1997
- (viii) Resolution No.12011/68/98-BCC, dated the 27th October 1999
- (ix) Resolution No.12011/88/98-BCC, dated the 6th December 1999
- (x) Resolution No.12011/36/99-BCC, dated the 4th April 2000
- (xi) Resolution No.12011/44/99-BCC, dated the 21<sup>st</sup> September 2000

Smt./Kumari \_\_\_\_\_ and/or his/her 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 to the Government of India, Department of Personnel and Training, O.M. No. 36012/22/93 - Estt. (SCT) dated 08-09-1993.

District Magistrate, Deputy Commissioner, etc.  
Seal

Place

:

Date :

Strike out whichever is not applicable.

NB

:

- a.) The term "Ordinarily " used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.
- b.) Where the certificates are issue by Gazetted Officers of the Union Government or State Governments, they should be in the same form but countersigned by the District Magistrate or Deputy Commissioner (Certificates issued by Gazetted Officers and attested by District Magistrate/Deputy Commissioner are not sufficient).

**Annexure III**

**FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE IN SUPPORT OF HIS CLAIM**

This is to certify that Shri / Shrimati \*/ Kumari \* \_\_\_\_\_ Son / daughter of \* \_\_\_\_\_ of village / town \_\_\_\_\_ in District / Division\* of the State / Union Territory \* belongs to the \_\_\_\_\_ Caste / Tribe\* which is recognized as a Scheduled Caste / 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 Reorganisation Act, 1960. The Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the north-eastern Areas (Reorganisation) Act, 1971 and Scheduled Tribes Orders (Amendment) Act, 1976)  
The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956  
The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989  
The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959  
The Constitution (Dadara and Nagar Havelli) Scheduled Castes Order, 1962  
The Constitution (Dadara and Nagar Havelli) Scheduled Tribes Order, 1962  
The Constitution (Pondicherry) Scheduled Castes Order, 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 (Scheduled Caste) Orders (Amendment) Act, 1990  
The Constitution (Scheduled Tribes) Order, Amendment Act, 1991  
The Constitution ( Scheduled Tribes) Order, Second Amendment Act, 1991

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

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shri / Shrimati / Kumari \_\_\_\_\_ father/ mother \* of Shri / Shrimati / Kumari \_\_\_\_\_ of village / town \* \_\_\_\_\_ in District /Division\* \_\_\_\_\_ of the State / Union Territory\* \_\_\_\_\_ who belong to the \_\_\_\_\_ Caste/Tribe which is recognised as the Scheduled Caste/Scheduled Tribe in the State / Union Territory\* \_\_\_\_\_ issued by the \_\_\_\_\_ (name of the prescribed authority) vide their no. \_\_\_\_\_ dated \_\_\_\_\_

3. Shri / Shrimati / Kumari \_\_\_\_\_ and / or\* his / her \* family ordinarily reside (s) in village / town\* \_\_\_\_\_ of District / Division\* \_\_\_\_\_ of the State / Union Territory\* of \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_  
(with Seal of Office)

Place : \_\_\_\_\_ State /Union Territory

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

- Please delete the words which are not applicable.
- Please quote specific presidential order
- Delete the paragraph which is not applicable.

• **Note :** The term "Ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the Peoples Act. 1950.

**LIST OF AUTHORITIES EMPOWERED TO ISSUE SCHEDULED CASTE /SCHEDULED TRIBE CERTIFICATES:**

1. District Magistrate / Additional District Magistrate / Collector / 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 Stipendiary Magistrate).
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub Divisional Officer of the area where the candidate and / or his family normally resides.
5. Administrator/Secretary to Administrator/Development Officer (Lakshdweep Islands)

**ANNEXURE-IV**

**FORM OF CERTIFICATE TO BE PRODUCED BY PERSON WITH DISABILITY  
IN SUPPORT OF HIS CLAIM. 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 certified 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 both 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 and 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 \_\_\_\_\_ percent.

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	
iv)	KC-can perform work by kneeling and crouching	Yes/No
v)	B-can perform work by bending	
vi)	S-can perform work by sitting	
vii)	ST-can perform work by standing	
viii)	W-can perform work by walking.	
ix)	SE-can perform work by seeing	
x)	H-can perform work by hearing/speaking	Yes/No
xi)	RW-can perform work by reading and 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.