

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 Acquity test – Normal/ Abnormal

Complete Blood Count: _____

Urine R&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 3rd 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 21st 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 Haveli) Scheduled Castes Order, 1962
The Constitution (Dadara and Nagar Haveli) 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 Stipendary Magistrate / City Magistrate / Sub Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Stipendary 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)

**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.