

FORM OF CASTE CERTIFICATE FOR SC/ST

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 recognized as a Scheduled Caste/

Scheduled Tribe under: -

@TheConstitutionScheduledCastesOrder1950.

@TheConstitutionScheduledTribesOrder1950.

@The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order1951;

@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 Re-organisation Act 1960, the
 Punjab Re-organisation Act 1966, the

StateofHimachalPradeshAct1970, the North Eastern Areas (Re-organisation) Act 1971

And the Scheduled Castes and Scheduled Tribes Orders, (Amendment)Act1976]

@The Constitution (Jammu and Kashmir) *ScheduledCastesOrders,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) *ScheduledCastesOrder,1962.

@The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order,1962

@The Constitution (Pondicherry)ScheduledCastesOrders,1964

@The Constitution (Uttar Pradesh) ScheduledTribesOrder,1967

@The Constitution (Goa, Daman and Diu) Scheduled Castes Order,1968

@The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968

@The Constitution (Nagaland)ScheduledTribesOrder,1970.

@The Constitution (Sikkim)ScheduledCastesOrder,1978

@The Constitution (Sikkim)ScheduledTribesOrder,1978

@The Constitution (Jammu &Kashmir) ScheduledTribesOrder,1989.

@The Constitution (SC)Orders (Amendment)Act,1990

@The Constitution (ST)Orders (Amendment)OrdinanceAct,1991

@The Constitution (ST)Orders (Amendment)OrdinanceAct,1996

@The Constitution (Scheduled Castes) Orders (Amendment)Act, 2002

@The Constitution (Scheduled Castes) Orders (Second Amendment) Act,2002.

@TheScheduled Castes and Scheduled Tribes Orders (Amendment)Act,2002.

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 Station/
 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 resides (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 / 1st 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).

OBC- NCL CERTIFICATE FORMAT

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./Kumari*
son/daughter* of of Village/Town* in
District/Division* in the State/Union Territory belongs to the
..... community which is recognized as a Backward Class
Under the Government of India, Ministry of Social Justice and Empowerment 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 8.9.1993 and modified vide Government of India, Department of Personnel and Training O.M.No.36033/1/2013-Estt. (Res) dated 13.09.2017***.

Date:

**DISTRICT MAGISTRATE/DY.COMMISSIONER/
ANY OTHER COMPETENT AUTHORITY**

Office Seal

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

** The authority issuing the certificate need 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 authority competent to issue cast certificates are indicated below:
 - (i) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary magistrate).
 - (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tahsildar and Sub-Divisional Officer of the area where the candidate and / or his family resides.

DECLARATION**Annexure II A**

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 post against Centralized Employment Notification No.04/2025

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- 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 08.03.1993 and its subsequent revision through O.M.No.36033/1/2013-Estt. (Res) dated 27 05.2013 and 13.09.2017.

Place:

Signature of the Candidate:

Date:

Name of the candidate:

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 1000sq.ft. and above;
 - III. Residential plot of 100sq.yards and above in notified municipalities;
 - IV. Residential plot of 200 sq. yards and above in. are as other than the notified municipalities.
1. 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
Attested Photograph of
the Applicant**

Signature with seal of
Office
Name:
Designation:

***Note1:** 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 authority competent to issue Income and Assets Certificates are indicated below:

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/ /1st 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 Tahsildar and
- (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

Income Certificate for EBC**Proforma for Waiver of Examination Fees to be submitted by Economically Backward Class (EBC) candidates at the time of document verification against CEN No 04/2025**

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 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 in 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
CEN No 04/2025**

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).

Annexure VI**Proforma for Medical Certificate to be obtained from an Eye Specialist by candidates applying for the posts of Section Controller.**

I have checked up Smt./Shri/Kumari.....
..... who has applied for the
post of Station Master in Railways. The acuity of vision/colour vision of his/her has
been tested in view of the following standards required for appointment on the
Railways.

Paste self-attested recent
passport size photograph
of the candidate not more
than one month old

Signature of candidate in the
above box below the
photograph

Post	Class	Distant vision	Near vision	Colour vision Ishihara
Section Controller	A-2	6/9, 6/9 without glasses (No fogging test)	Sn0.6/0.6 Without glasses	Normal

Smt./Shri/Kumari fully conforms to
The above vision standards as applicable for the post of Section Controller.

Note: Candidates who have undergone Lasik surgery or any other surgery procedure to correct refractory error are not eligible for the post having Medical Standard A-2

Place:

Date:

Signature of the Eye Specialist.....

Name of the Eye Specialist.....

Registration No. of the Eye Specialist.....

Seal of the Eye Specialist

**PROFORMA OF SELF DECLARATION TO BE SUBMITTED BY CANDIDATES
APPLYING FOR THE POST OF SECTION CONTROLLER REGARDING LASIK OR
OTHER CORRECTIVE EYE SURGERY AGAINST CEN NO. 04/2025**

I Shri/Smt./Kum Son / Daughter of
..... Resident of
..... hereby declare that I have not undergone
LASIK or any other corrective eye surgery.

I also agree that in case my declaration is found to be false, I shall be immediately disqualified and debarred from
all recruitment in the Railways.

Place:

Date:

Signature:

Name:

PROFORMA OF CERTIFICATE FOR EX-SERVICEMAN

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 follow: -
 - 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:

Commanding Officer Signature

Date:

Office Seal

DoPT letter No. 36012/3/2021-Estt. (Res-II) dated 27.02.2023

**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 Notice (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 application(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.

(Strike out whichever is not applicable).

Place:

Signature:

Date:

Name:

Roll No:

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-VICertificate of Disability**(In case of multiple disabilities)****[See Rule 18(1)]****(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Certificate No.: Date:

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

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

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/FemaleRegistration 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).

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 VIII(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 VIII(G) and submission of letter of undertaking as per Annexure VIII(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 VIII(E) and submission of letter of undertaking as per Annexure VIII(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

ANNEXURE VII (E)

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), agedyears, 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 upto (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 hereby 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).