



Annex I

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

This is to certify that, we have examined Mr/Ms/Mrs (name of the candidate), S/o /D/o a resident of(Vill/PO/PS/District/State), aged yrs, 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 candidate 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:



Annex II

Letter of Undertaking by the persons with specified disability covered under the definition of section 2(s) of 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.

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/position/academic seat I am competing for and claims relating thereto.

(Signature of the candidate)

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

Place:

Date:

Note: The prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.



Annex III

Forms to be obtained from the candidates in Ex-Servicemen categories

FORM – A

Form of Certificate applicable for Released/ Retired Personnel

It is certified that No. Rank..... Name..... whose date of birth is..... has rendered service from..... to..... in Army/ Navy/Air Force.

2. He has been released from military services:

a) on completion of assignment otherwise than

(i) by way of dismissal, or

(ii) by way of discharge on account of misconduct or inefficiency, or

(iii) on his own request, but without earning his pension, or

(iv) he has not been transferred to the reserve pending such release

b) on account of physical disability attributable to Military Service.

c) on invalidment after putting in at least five years of Military service

3. He is covered under the definition of Ex-Servicemen (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time

Place:

Date:

SEAL

Signature. Name and Designation of the
Competent Authority**

#Delete the paragraph which is not applicable.

FORM – B

Form of Certificate for Serving Personnel

(Applicable for serving personnel who are due to be released within one year)

It is certified that No. Rank..... Name..... is serving in the Army/Navy/Air Force from.....

2. He is due for release/retirement on completion of his specific period of assignment on.....

3. No disciplinary case is pending against him. Place: Signature, Name and Designation of the Date: Competent Authority** SEAL

Place:

Date:

SEAL

Signature. Name and Designation of the
Competent Authority**



FORM – C

Undertaking to be given by serving Armed Force personnel who are due to be released within one year

I understand that if selected on the basis of the Recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/ retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.

(2) I also 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 examination, 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.

Place:

Date:

Signature and Name of Candidate

FORM – D

Form of Certificate applicable for Serving Armed Force Personnel who have already completed their initial assignment and are on extended assignment

It is certified that No..... Rank..... Name..... whose date of birth is..... is serving in the Army/Navy/Air Force from.....

2. He has already completed his initial assignment of five years on..... and is on extended assignment till.....

3. There is no objection to his applying for civil employment and he will be released on three months' notice on selection from the date of receipt of offer of appointment.

Place:

Date:

SEAL

Signature. Name and Designation of the
Competent Authority**

** Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows:

(a) in case of Commissioned Officers including ECOs/SSCOs: Army: Military Secretary Branch, Army Hqrs., New Delhi; Navy: Directorate of Personnel, Naval Hqrs., New Delhi; Air Force: Directorate of Personnel Officers, Air Hqrs., New Delhi.

(b) in case of JCOs/Ors and equivalent of the Navy and Air Force: Army: By various Regimental Record Offices; Navy: BABS, Mumbai; Air Force: Air Force Records, New Delhi.



Annex IX

Application for Pre-examination Training

The Regional Director/General Manager
Reserve Bank of India

Dear Sir/Madam,

Pre-examination Training – Recruitment for the post of Office Attendant – PY 2025

I have applied to the Reserve Bank of India for the post of Office Attendant - PY 2025. Please register my name for training in English/Hindi (Tick one) medium. I enclose an attested copy of the Caste/Tribe/Disability Certificate. I note that undergoing the training will not confer on me any right to be called for the Examination or for recruitment in the Bank's service.

Yours faithfully

(Signature)

Name:

Place:

Date:

Address:

Email:

Mobile:

Encl:

1. Attested copy of the Caste/Tribe/Disability Certificate
2. Copy of e-receipt as proof for having applied for the exam

** E-mail addresses of our offices are given in the [Annex VIII](#). A candidate can select only that office for which he/she is applying for the post.

Note:

1. Training in Hindi will be held only if sufficient numbers of candidates are registered.
2. The application must reach the concerned office through email latest by **February 04, 2026**. Kindly mention “Application for pre-examination training for the post of Office Attendant – PY 2025” in the Subject of email.