

**FORMAT FOR OBC-NCL CERTIFICATE****FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)  
APPLYING FOR APPOINTMENT TO POST 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/ 1<sup>st</sup> Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of 1<sup>st</sup> 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) CANDIDATE**

**Proforma for declaration to be submitted by Other Backward Class Candidates during Document Verification, who had applied for posts against Centralised Employment Notice No: 09/2025**

" 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 08.09.1993 and its subsequent revision through O.M. No. 36033/1/2013-Estt. (Res) dated 13.09.2017.

**Place:** ..... **Signature of the candidate:** .....

**Date:** ..... **Name Of the candidate**.....

**RRB REGN. No.**.....

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

**Government of .....**  
**(Name & Address of the authority issuing the certificate)**

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 ..... Dist ..... 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 ₹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.

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/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 Tehsildar and
- IV. Sub-Divisional Officer of 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 Centralised Employment Notice No: 09/2025.**

**Certificate No. ....**

**Date: .....**

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 ₹ 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 not below the Rank 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 Centralised Employment Notice No: 09/2025**

"I,..... son/daughter of Shri ....., resident of village / town / city ....., hereby declare that I belong to the ..... State ..... [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-V (A)****Form-V****Disability Certificate**

(In case of Single Disability)

[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

Date of Issue:

Certificate/UDID No.

Recent passport  
size photograph  
(Showing face  
only) of the person  
with disability

This is to certify that I/we have carefully examined Shri/Smt./Kumari..... Son/Daughter/Care of  
Shri....., Date of Birth..... (DD/MM/YYYY), Gender  
Male/Female/Transgende, Registration No..... Resident of.....  
..... whose photograph is affixed above, and I am /we are satisfied that:

(A) He/She is a case of (Any one of the following disabilities):

(1) Locomotor Disability	(2) Muscular Dystrophy	(3) Leprosy Cured	(4) Dwarfism
(5) Cerebral Palsy	(6) Acid Attack Victim	(7) Low Vision	(8) Blindness
(9) Hearing Impairment	(10) Speech and Language Disability	(11) Intellectual Disability	(12) Specific Learning Disabilities
(13) Autism Spectrum Disorder	(14) Mental Illness	(15) Chronic Neurological Conditions	(16) Multiple Sclerosis
(17) Parkinson's Diseases	(18) Haemophilia	(19) Thalassemia	(20) Sickle Cell Disease

(B) Name of affected body part:

(C) The diagnosis in his/her case is \_\_\_\_\_

(D) He/She has \_\_\_\_\_ % (in figure) \_ percent (in words) disability and the nature of assessing certificate the is {Permanent / temporary and valid till Date \_\_\_\_\_ (DD/MM/YYYY)} as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 by Government of India vide Notification No..... dated \_\_\_\_\_ (DD/MM/YYYY).

**Signature/Thumb impression of the Person with Disability:****Signature of notified Medical Authority Member(s):****Signature:****Name and Address of the Medical Authority Issuing the Certificate:**

Logo of Government of India	Logo of Department of Empowerment of Persons Disabilities, GoI	Logo of Respective State or Union Territory
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**FORM-VI**

**Disability Certificate**  
**(In case of multiple disabilities)**  
**[See Rule 18(1)]**

(Name And Address of The Medical Authority Issuing the Certificate)

Certificate/ UDID No. .... Date of Issue: ....

This is to certify that we have carefully examined Shri/Smt./Kum .....

Son//daughter/care of Shri .....

Date of Birth ..... (DD/MM/YYYY), Gender &lt; Male/Female/Transgender&gt; .....

Registration No. .... &lt;UDID Enrolment No&gt;.....

Resident of. .... Whose photograph is affixed above and we are satisfied that:

(A) He/She is a case of **Multiple Disabilities**. His/her extent of physical impairments/ disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide Notification No..... dated .....(DD/MM/YYYY). for the disabilities below:

Sl. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1	Locomotor Disability			
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low Vision			
8	Blindness			
9	Hearing impairment			
10	Speech and Language disability			
11	Intellectual Disability			
12	Specific Learning Disability			
13	Autism Spectrum Disorder			
14	Mental illness			
15	Chronic Neurological Conditions			
16	Multiple Sclerosis			
17	Parkinson's Disease			
18	Hemophilia			
20	Thalassemia			
21	Sickle Cell Disease			

(Note: Only the disabilities diagnosed will be listed)

(B) He/She has.....% (in figure) ..... percent (in words) overall disability and the nature of certificate is {permanent/ temporary and valid till..... (DD/MM/YYYY) }

**Signature/Thumb impression of the Person with Disability:****Signature of notified Medical Authority Members:**

**Signature:**  
**Name and Address of the Medical Authority Issuing the Certificate:**

**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 .....
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.....
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 3 months old.)

Signature of scribe in the above 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.

(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-Orthopedic 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 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.

(Strikeout whichever is not applicable).

Place .....

Signature.....

Date: .....

Name.....

Roll No: .....

**Annexure-VI (A)**

**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 follow:-

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

Place:

Date:

Commanding Officer:

(Signature)

Office Seal

**PROFORMA OF SELF-DECLARATION TO BE SUBMITTED BY CANDIDATES APPLYING FOR THE POST OF HAVING MEDICAL STANDARD A2 & A3 REGARDING LASIK OR OTHER CORRECTIVE EYE SURGERY AGAINST CEN No. 09/2025**

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: .....

RRB Registration No. ....