

OBC 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./Kum.*..... Son/daughter* of Shri..... of village/towndistrictin..... state belongs to community which is recognised as backward class under : (indicate the sub-caste above)

1) Resolution No. 12011/68/93-BCC@dated 10th September 1993, Published in the Gazette of India - Extraordinary - Part 1, Section 1, No. 186 dated 13th September 1993.

2) Resolution No. 12011/9/94-BCC dated 19th October 1994, Published in the Gazette of India - Extraordinary - Part 1, Section 1, No. 163 dated 20th October 1994.

3) Resolution No. 12011/71 95-BCC, dated 24th May, 1995, Published in Gazette of India - Extraordinary - Part 1, Section 1, No. 88 dated 25th May 1995.

4) Resolution No. 12011/44/96-BCC, dated 6th December 1996, Published in Gazette of India - Extraordinary - Part 1, Section 1, No. 210 dated 11th December 1996

5) Resolution No. 12011/68/93-BCC, Published in Gazette of India - Extraordinary No. 129, dated the 8th July 1997.

6) Resolution No. 12011/12/96-BCC, Published in Gazette of India - Extraordinary No. 164, dated the 1st Sept. 1997.

7) Resolution No. 12011/99/94-BCC, Published in Gazette of India - Extraordinary No. 236, dated the 11th Dec. 1997.

8) Resolution No. 12011/13/97-BCC, Published in Gazette of India - Extraordinary No. 239, dated the 3rd Dec. 1997.

9) Resolution No. 12011/12/96-BCC, Published in Gazette of India - Extraordinary No. 166, dated the 3rd Aug 1998.

10) Resolution No. 12011/68/93-BCC, Published in Gazette of India - Extraordinary No. 171, dated the 6th Aug 1998.

11) Resolution No. 12011/68/98-BCC, Published in Gazette of India - Extraordinary No. 241, dated the 27th Oct. 1999.

12) Resolution No. 12011/88/98-BCC, Published in Gazette of India - Extraordinary No. 270, dated the 6th Dec. 1999.

13) Resolution No. 12011/36/99-BCC, Published in Gazette of India - Extraordinary No. 71, dated the 4th April. 2000

Shri/Smt./Kum.*..... and/or his/her/ family ordinarily reside (s) in the District 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 & 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. 36033/3/2004- Estt. (Res) dated 09.03.2004.

Place DISTRICT MAGISTRATE/DY. COMMISSIONER ETC.

Date *Strike out whichever is not applicable (with seal of Office)

NB : (a) The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation of Peoples 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 / 1st class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluk 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 (iv) Sub-Divisional Officer of the area where the Candidate are or his family resides.

Annexure-4

Proforma for declaration to be submitted by Other Backward Class Candidates alongwith the application while applying for the posts against Employment Notice No. of RRC.....

DECLARATION

"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 through O.M. No. 36033/3/2004-Estt. (Res.) dated 09.03.2004."

Place: Signature of the candidate

Date: Name of the candidate

Annexure-5

FORM OF MEDICAL CERTIFICATE FOR PERSON WITH DISABILITIES (PWD) NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No.....

Date :

DISABILITY CERTIFICATE

1. This is certified that Shri/Smt./Kum* Son/Daughter* of Shri..... age..... sex Male/Female having identification marks as below 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

(iii) OL-One leg affected (right or left)

(iv) OA-One arm affected (right or left)

(v) BH-Stiff back and hips (cannot sit or stood)

(vi) MW-Muscular weakness and limited physical endurance.

C. Hearing impairment :

(i) B-Blind

(ii) PB-Partially Blind

(a) Impaired reach

(b) Weakness of grip

(a) Impaired reach

(b) Weakness of grip

(c) Ataxic

(a) Impaired reach

(b) Weakness of grip

(c) Ataxic

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 requirement for discharge of his/her duties.

(i) F-can perform work by manipulating with fingers.

(ii) PP-can perform work by pulling and pushing.

(iii) L-can perform work by lifting.

(iv) KC-can perform work by kneeling and crouching.

(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.

(xi) RW-can perform work by reading and writing.

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

(Signature of Doctor)

Name:

Registration No. :

Member, Medical Board

(Signature of Doctor)

Name:

Registration No. :

Member, Medical Board

(Signature of Doctor)

Name:

Registration No. :

Member/Chairperson, Medical Board

*Please delete the words which are not applicable.

Place : Counter signature of the Medical Superintendent/CMO/Head of Hospital (with seal)

Date :

Note-(i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-section(1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995(1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or State Government. The State government may constitute a Medical Board consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor/hearing and speech disability, mental retardation and leprosy cured, as the case may be.

(ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as 'permanent'

Annexure-6

DECLARATION TO BE SUBMITTED BY VISUALLY HANDICAPPED CANDIDATES/ THOSE CANDIDATES WHOSE WRITING SPEED IS AFFECTED BY CEREBRAL PALSY PARTICULARS OF THE SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate.....

2. Date of Birth of the Candidate.....

3. Name of the Scribe

4. Father's Name of the Scribe.....

5. Address of the Scribe :

(a) Permanent Address.....

(b) Present Address.....

6. Educational Qualification of the Scribe

7. Relationship, if any, of the Scribe to the Candidate

8. DECLARATION

Control No: (for office use)

Paste here recent colour passport size photograph of the scribe of size 4 cm x 5 cm (The colour photograph should not be more than one month old)

Signature of scribe in the above box below the photograph

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 visually challenged candidates/ scribes at this examination and hereby undertake to abide by them. We also declare that:
(a) The academic qualification of the SCRIBE is below the qualification prescribed for the post applied for.
(b) The academic discipline of the SCRIBE is same as of the candidate since the application is for general posts/The academic discipline of the SCRIBE is different from that of the candidate as the application is for a specialist post. (Delete the portion not applicable)
(c) The SCRIBE has not secured more than 60% marks in the qualification mentioned.
*Strike out which is not applicable.

(Signature of the Candidate).

(Signature of the Scribe)

Left Thumb impression of the Candidate in the box given above

Left Thumb impression of the Scribe in the box given above

Annexure-7

SELF DECLARATION OF MINORITY COMMUNITY CANDIDATES

(Proforma for declaration of to be submitted by Minority Community candidates along with the application while applying for the Emp. Notice No. Cat No..... Post for claiming waiver of examination fee for RRC examination.)

DECLARATION

"I Son/Daughter of Sh. resident of Street village/town/city..... district..... state..... hereby declare that I belong to the (Indicate minority community notified by Central Govt. i.e. Muslim/Sikh/Christian/Buddhist/ Parsis).

Date : Signature of Candidates

Place : Name of 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 Govt. (i.e. Muslim/Sikh/Christian/Buddhist/Parsis).

Annexure-8

FORMAT OF INCOME CERTIFICATE TO BE ISSUED ON LETTER HEAD AS PER PARA 3 OF LETTER NO. E(RRB)/2009/25/21 DATED 28.10.2009 INCOME CERTIFICATE FOR WAIVER OFF EXAMINATION FEES FOR RRC EXAMINATION

1. Name of candidate :

2. Father's Name :

3. Age :

4. Residential Address :

5. Annual Family Income (In words & Figures) :

6. Date of Issue :

7. Signature : (Name)

8. Stamp of issuing authority :

Note: The following authorities are authorized to issue income certificate for the purpose identifying economically back classes:
i. District Magistrate or any other Revenue Officer upto the level of Tehsildar.
ii. Sitting Member of Parliament of Lok Sabha for persons of their own constituency.
iii. BPL Card or any other certificate issued by Central Government under a recognized poverty alleviation programme or Izzat MST Issued by Railways.
iv. Union Minister may also recommend to Chairman/RRBs for any persons from anywhere in the country.
v. Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside. The income certificate issued by the above authorities shall be in the prescribed Format-A (above).
This certificate shall be issued on the letter head of the issuing authority.

"SERVING CUSTOMERS WITH A SMILE"