

### FORM OF CASTE CERTIFICATE FOR SC/ST

A candidate who claims to belong to one of the scheduled caste or scheduled tribe should submit in support of his / her claim a self attested copy of a certificate in the form given below from the district magistrate or the sub-divisional officer or any other officer as indicated below of the district in which his / her parents (or surviving parents) ordinarily reside and who has been designated by the State Government concerned as competent to issue such a certificate. If both the parents are dead, the officer signing the certificate should be of the district in which the candidate himself / herself resides otherwise than for the purpose of his / her own education. Wherever, photograph is an integral part of the certificate, the RRB would accept only self attested photocopies of such certificates and not any other attested or true copy.

#### (The Form of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India)

This is to certify that Shri/Shrimati/Kumari\* \_\_\_\_\_  
son/daughter\* of \_\_\_\_\_ of village / Town\* \_\_\_\_\_ in District/Division\* \_\_\_\_\_

\_\_\_\_\_ of State/Union Territory\* \_\_\_\_\_

belongs to the \_\_\_\_\_ Caste / Tribe\* which is recognised as a Scheduled Caste/Scheduled 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 Re-organisation Act, 1960, the Punjab Re-organisation Act, 1966, the State of Himachal Pradesh Act, 1970 and the North Eastern Area (Re-organisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976)

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956@

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959@ as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976@

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

The Constituion (Pondicherry) Scheduled Castes Orders, 1964@

The Constitution (Scheduled Tribes) (Uttar Pradesh) 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@

Shri/Shrimati/Kumari\* \_\_\_\_\_ and / or his / her\* family, reside(s) in village /

town\* \_\_\_\_\_ of\* \_\_\_\_\_ District/Division\* of the

State/Union Territory\* of \_\_\_\_\_

Signature \_\_\_\_\_

\*\* Designation \_\_\_\_\_

(with seal of Office) State/Union Territory\*\*

Place \_\_\_\_\_

Date \_\_\_\_\_

\*Please delete the words which are not applicable.

@ Please quote the specific presidential order.

Note : The term "ordinarily reside(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 :

\*\* 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 1st class Stipendiary Magistrate) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate / Revenue Officers not below the rank of Tahsildar / Sub-Divisional Officer of the area where the candidate and/or his/her family normally reside(s).

Note : ST Candidates belonging to Tamilnadu State should submit caste certificate ONLY from the REVENUE DIVISIONAL OFFICER.

**INCOME CERTIFICATE ON LETTER HEAD OF ISSUING AUTHORITY FOR WAIVER OFF EXAMINATION FEES FOR RRB EXAMINATIONS (ECONOMICALLY BACKWARD CLASSES CANDIDATES ONLY)**

1. Name of candidate :
2. Father's Name :
3. Age :
4. Residential Address :
5. Annual Family Income (in words & figure) :
6. Date of Issue :
7. Signature of issuing authority :
8. Stamp of issuing authority :

(Name of issuing authority)

The following authorities are authorized to issue income certificates :-

- (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.

**SELF DECLARATION OF MINORITY CANDIDATES FOR WAIVER OF  
EXAMINATION FEE FOR RRB EXAMINATIONS**

(Proforma for declaration to be submitted by Minority candidates along with the application for the post/s against Centralised Employment Notice No -----)

**DECLARATION**

"I-----Son/Daughter of Sh.-----

resident of 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 Candidate-----

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.)

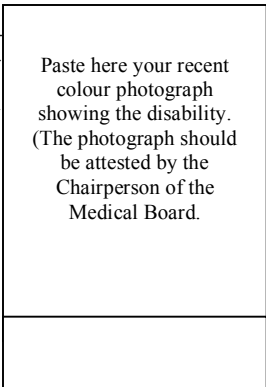
FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES(PWD)  
NAME & ADDRESS OF THE INSTITUE/HOSPITAL

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



Paste here your recent colour photograph showing the disability. (The photograph should be attested by the Chairperson of the Medical Board.

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.

- (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

Signature of candidate in the above box below the photograph

- B. Blindness or Low Vision :                      C. Hearing Impairment :
- (i) B-Blind    (i) D- Deaf
  - (ii) PB-Partially Blind                              (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 requirement for discharge of his/her duties:

(i) F-can perform work by manipulating with fingers.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ii) PP- can perform work by pulling and pushing.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iii) L-can perform work by lifting.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iv) KC-can perform work by kneeling and crouching.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(v) B-can perform work by bending.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vi) S-can perform work by sitting.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vii)ST-can perform work by standing.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(viii)W-can perform work by walking.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ix) SE-can perform work by seeing.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(x) H- can perform work by hearing/speaking.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(xi) RW-can perform work by reading and writing.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(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 :

Date:    Countersignature of the Medical Superintendent/CMO/Head of Hospital(with seal)

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'

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.....

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 3 months old)

Signature of scribe in the above  
box below the photograph

8. DECLARATION

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).

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