

Railway Recruitment Board _____ Information Sheet (For E.No. No.04/2010)

(To be filled in CAPITAL LETTERS only - Signature should not be in Capital/Open letters)

1. NAME OF CANDIDATE

(In English only)

2. Tick (✓) Gender
 Female

 Male

Marital Status
 Married

 Unmarried

3. Nationality

4. Permanent Address :

State : **PIN Code :**
5. Details of Postal Orders/ Demand Drafts enclosed

NAME OF POST OFFICE/BANK	SERIAL NO. AND DATE	AMOUNT

5.a. Exemption for fees Sought
 Yes/No

5.b. Reasons for exemption
 SC/ST

 PWD

 Ex.SM

 Minority

 EBC

 Female

6. RELIGION : HINDU **MUSLIM** **CHRISTIAN** **SIKH** **BUDDHIST** **JAIN** **PARSI** **OTHER**
7. ARE YOU (i) Govt. Employee Yes/No **(ii) Ex-serviceman** Yes/No **(iii) P.H** Yes/No **If Yes, then** OH HH VH

8. Present employment (To be filled by all Railway/Central/State/PSU employees)

Designation & Grade	Date from	Date to	Name & address of Employer

9. Ex-serviceman

Date of Enrolment	Date of Attestation	Date of Discharge	Length of Service

10. Do you seek age relaxation (✓) TICK appropriate box

SC	ST	OBC	Judicially separated/divorced woman/ widow	J & K Resident	Ex-SM	Railway Employee	Physically Handicapped

11. Whether you were debarred by any RRB in the past a) No **b) For 2 years** **c) For life**
12. DOCUMENTS ATTACHED IN PROOF OF : INDICATE BY (✓) TICK MARK

 Community IPO/DD EBC Discharge Certificate Disability Certificate Declaration from VH/affected by cerebral palsy (for engaging scribe as per Annexure-x)
 Declaration (OBC/Minority) Qualification Certificate Matric Certificate (For DOB Proof) Colour Photograph
13. Please copy the following declaration in your own hand writing in running hand in the space provided below :

"I hereby declare that all the statements made by me in the application are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed. I also understand that in case, any of my statements is found untrue during any stage of recruitment or thereafter shall disqualify me for the post applied for and/of I shall be liable for any other action under the extant rules."

Place:

Date :

Left hand thumb impression of candidate

Signature of the candidate

(in English / Hindi)

ANNEXURE-III

FORM OF CASTE CERTIFICATE FOR SC/ST

(The form of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to post under Government of India).

1. "This is to certify that Shri / Srimati / Kumari.....
son/daughter of of Village/town* in District/Division*..... of the State/Union Territory belongs to the Caste/Tribe which is recognised as a Scheduled Caste/Scheduled Tribe* under :

* The Constitution (Scheduled Caste) Order, 1950 @ * The Constitution (Scheduled Tribes) Order, 1950 @ * The Constitution (Scheduled Caste) (union Territories) Order, 1951@ * The Constitution (Scheduled Tribes) (union Territories) Order, 1951@ (As amended by the Scheduled Caste and Scheduled Tribes Lists (modification) Order 1956, the Bombay Reorganisation Act, 1960 & the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970 and the North Eastern Areas (Reorganisation) Act, 1971 and the Scheduled Caste and Scheduled Tribes Orders (Amendment) Act. 1976). * The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956 * The Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Caste and Scheduled Tribes Order (Amendment) Act. 1976 * The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962. * The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962 @ * The Constitution (Pondichery) Scheduled Cast Order, 1964 @ * The Constitution (Scheduled Tribes) (Uttar Pradesh) order, 1967 @ * The Constitution (Goa, Daman, Diu) Scheduled Caste Order, 1968@ * The Constitution (Goa, Daman, 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/Srimati Father/Mother* of Shri/Shrimati/Kumari* and /or* his/her* family ordinarily reside (s) in village/town* of District/Division of the State/Union Territory* who belongs to the Caste/Tribe which is recognised as Scheduled Caste/Scheduled Tribe in State/Union Territory* issued by the dated%3 Shri/ Shrimati/Kumari* and /or* his/her* family ordinarily reside (s) in village/town* of District/Division of the State /Union Territory* of

*Signature

*Designation

State/Union Territory* (with seal of office)

Place :

Date:

* Please delete the words which are not applicable. @ Please quote specific Presidential Order % Delete the paragraph which is not applicable.

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. ** List of authorities Empowered to issue Caste/Tribe Certificate : (i) District Magistrate/Additional District Magistrate/Collector / Deputy Commissioner / Additional Deputy Commissioner / Dy. Collector / 1st Class Stipendiary Magistrate / Sub Divisional Magistrate / Extra - Assistant Commissioner / Taluk Magistrate / Executive Magistrate. (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate. (iii) Revenue Officers not below the rank of tehsildar. (iv) Sub-Divisional Officer of the area where the candidate and / or his family normally resides.

Note : ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY from the REVENUE DIVISIONAL OFFICER.

ANNEXURE-IV

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (OBC) APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA

This is to certify that.....

Son/daughter of of village..... district/division in state belongs to..... community which is recognised as a backward class under :

(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. 12011/7/95-BCC dated 24th May 1995 published in the Gazette of India - Extraordinary-Part 1, Section 1, No.88 dated 25th may1995. (4) Resolution No. 12011/44/96-BCC dated 6th December 1996 published in the Gazette of India - Extraordinary - Part 1, Section1, No.210 dated 11th December 1996. (5) Resolution No. 12011/68/93-BCC published in the Gazette of India - Extraordinary - No. 129 dated the 8th July 1997. (6) Resolution No. 12011/12/96-BCC published in the Gazette of India - Extraordinary- No. 164 dated the 1st Sept. 1997 (7) Resolution No. 12011/99/94-BCC published in the Gazette of India - Extraordinary- No. 236 dated the11 th Dec.1997. (8) Resolution No. 12011/13/97-BCC published in the Gazette of India - Extraordinary- No. 239 dated the 3rd Dec. 1997. (9) Resolution No. 12011/12/96 BCC published in the Gazette of India - Extraordinary- No.166 dated the 3rd August 1998. (10) Resolution No. 12011/68/93-BCC published in the Gazette of India - Extraordinary- No.171 dated the6th August 1998. (11) Resolution No. 12011/68/98-BCC published in the Gazette of India - Extraordinary- No. 241 dated the 27th Oct. 1999. (12) Resolution No. 12011/88/98-BCC published in the Gazette of India - Extraordinary- No. 270 dated the 6th Dec. 1999. (13) Resolution No. 12011/36/99-BCC published in the Gazette of India - Extraordinary- No. 71 dated the 4th April 2000.

Shri..... and / or his family ordinarily reside(s) in the.....District / Division 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 wide Government of India, Department of Personnel and Training O.M.No.36033/3/2004-Estt. (Res) Dated: 9-3-2004.

Place:

District Magistrate / Dy. Commissioner etc

Date: * Strike out whichever is not applicable

(With Seal of the 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 / 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 (iv) Sub-Divisional Officer of the area where the candidate and or his family resides

ANNEXURE-V
DECLARATION FROM OBC CANDIDATES

Proforma for declaration to be submitted by other Backward Class Candidates alongwith the application while applying for the posts against Centralised Employment Notice No. ----- of RRB-----

DECLARATION

"I,

Son/Daughter of Shri..... resident of village / town / city.....
district..... State hereby declare that I belong to the community
which is recognised 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 8.09.1993 & its subsequent through O.M. No. 36033/3/2004-Estt. (Res.) Dated:
09-03-2004 ."

Place:.....

Signature

Date:.....

Name of the candidate

ANNEXURE-VI
PROFORMA FOR MEDICAL CERTIFICATE TO BE OBTAINED FROM AN EYE SPECIALIST
BY CANDIDATES APPLYING FOR THE POST OF ASSISTANT STATION MASTER

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

Candidate
 should paste
 a copy of self
 attested recent
 passport size
 photograph here.

Post	Class	Distant Vision	Near Vision	Colour Vision on Ishihara
Assistant Station Master	A-2	6/9,6/9 without glasses (No fogging test)	Sn. 0.6/0.6 without glasses	Normal

Smt./Shri fully conforms to the above vision standards.
 (to be signed by Eye Specialist)

Stamp

Name of the Doctor

Registration No.

Place:

Date:

ANNEXURE-VII
RAILWAY RECRUITMENT BOARD
INCOME CERTIFICATE FOR WAIVER OFF EXAMINATION FEES FOR RRB EXAMINATIONS

1. Name of the 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:

NB: 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. (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.

ANNEXURE-VIII
RAILWAY RECRUITMENT BOARD

Proforma for declaration to be submitted by Minority Candidates along with application for the post against Centralised Employment Notice No.04/2010.

DECLARATION

I Son / daughter of Shri.....
Resident of Village / town / city District state
hereby declare that I belong to the (indicate your minority community) notified by the
Central Government.

Place: Signature of the candidate
Date: Name of the candidate

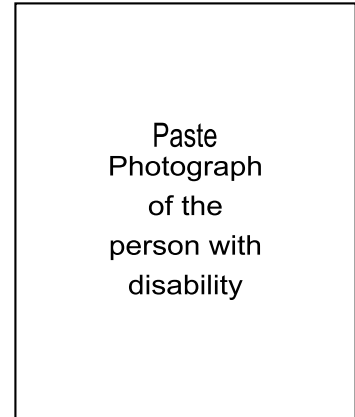
**ANNEXURE-IX
NAME & ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No. _____

Date : _____

DISABILITY CERTIFICATE

This is certified that Shri/Smt/Kum _____ son/wife/daughter of
Shri _____
age _____ sex _____ identificaton marks(s) _____
_____ is suffering form permanent disability.
of following category :



A. Locomotor or Cerebral palsy :

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach
- (b) Weakness of grip
- (iii) OL-One leg affected (right or left) (a) Impaired reach
- (b) Weakness of grip
- (c) Ataxic
- (iv) OA-One arm affected (a) Impaired reach
- (b) Weakness of grip
- (c) Ataxic
- (v) BH-Stiff back and hips (cannot sit or stoop)
- (vi) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision :

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing Impairment :

- (i) D-Deaf
- (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. Shri./Smt./Kum meets the following physical requirement

for discharge of his/her duties :-

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

(Dr. _____)

(Dr. _____)

(Dr. _____)

Registration No.
Member
Medical board

Registration No.
Member
Medical board

Registration No.
Chairperson
Medical board

Courtier signed by the Medical
Superintendent / CMO / Head or Hospital
(with seal)

*Strike out which is not applicable

ANNEXURE-X

SCRIBE UNDERTAKING

(ONLY IN THE CASE OF VISUALLY HANDICAPPED CANDIDATES/
CANDIDATES WHOSE WRITING SPEED IS AFFECTED BY CEREBRAL PALSY)

Particulars of the Scribe proposed to be engaged by the Candidate

Paste
Photograph of
scribe
duly signed by
the scribe

- 1. NAME OF THE CANDIDATE _____
- 2. DATE OF BIRTH _____
- 3. FATHER'S NAME OF THE CANDIDATE _____
- 4. NAME OF THE SCRIBE : _____
- 5. FATHER'S NAME OF SCRIBE _____
- 6. ADDRESS OF THE SCRIBE :
(a) PERMANENT ADDRESS _____

(b) POSTAL ADDRESS _____

- 7. EDUCATIONAL QUALIFICATION OF THE SCRIBE _____
- 8. RELATIONSHIP, IF ANY, OF THE SCRIBE TO THE CANDIDATE _____

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 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.

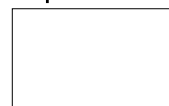
- (a) The academic qualification of SCRIBE is below the qualification prescribed for the post applied for
- (b) * The academic discipline of the SCRIBE is same as of the candidate since the application is for general post/the academic discipline of the SCRIBE is different from that of the candidate as the application is for a specialist post.
- (c) The SCRIBE has not secured more than 60% marks in the qualification mentioned above.

**Strike out which is not applicable*

.....
(Signature of the candidate)
Left Thumb impression of the candidate



.....
(Signature of the Scribe)
Left Thumb impression of the Scribe



Place :

Date: