

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: percent, In words percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

i) not necessary, Or

ii) is recommended/afterYearmonths, and therefore this certificate shall be valid till(DD/MM/YYYY)

@ e.g. Left/Right/both arms/legs; # e.g Single eye/both eyes; £e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence :

Nature of Document	Date of issue	Details of authority issuing certificate

Countersigned [(Countersignature and seal of the CMO / Medical Supdt.) Superintendent / Head of Government Hospital in case the certificate is issued by a medical authority who is not a government servant (with seal)]		(Authorised Signatory of notified Medical Authority) (Name and Seal)

Signature/Thumb impression of the person in whose favour disability certificate is issued

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

LETTER OF UNDERTAKING FOR USING SCRIBE

NOTE: Candidates who are Visually Impaired (VI)/candidates whose writing speed is affected by Cerebral Palsy / muscular dystrophy / candidates with locomotor disability (one arm)/Intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

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 the 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.....

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

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 hereby 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.

(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

Signature of the Invigilator

CERTIFICATE FOR TYPING SKILL TEST EXEMPTION FOR PERSONS WITH BENCHMARK DISABILITIES

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL DISABILITY CERTIFICATE

Certificate No.....

Date:

1. This is certified that Smt./Shri /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: (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 (right or left) (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 is certified that Smt./Sri/Kumari..... being unable to perform the
Typing Skill Test because of his/her physical disability, i.e.,
(indicate the category whichever is applicable) may be exempted from Typing Skill Test.

3. 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..... year. months.

4. Percentage of disability in his / her case is..... percent.

5. Smt./Shri/Kum*.....meets the following physical requirement for:

- | | | |
|--|-----|----|
| (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 |

(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/

Date :

Head of Hospital (with seal)

Note : : (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 18 (1) 2017, notified on 14.03.2024 by the Central Government in exercise of the powers conferred by sub-Section (i) and (ii) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 2017, authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the 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. (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 V(F)**CERTIFICATE FOR PERSON HAVING LESS THAN 40% DISABILITIES**

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

Signature of candidate in the above box below the photograph

1. 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 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 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:

Annexure VI**Proforma for Medical Certificate to be obtained from an Eye Specialist by candidates applying for the posts of Station Master.**

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

Paste self-attested
recent passport size
photograph of the
candidate not more
than one month old

Signature of candidate
in the above box
below the photograph

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

Smt./Shri/ Kumari.....fully conforms to
the above vision standards as applicable for the post of Station Master.

**Note: Candidates who have undergone Lasik surgery or any other surgery
procedure to correct refractory error are not eligible for the post having
Medical Standard A-2**

Place:
Date:

Signature of the Eye Specialist.....

Name of the Eye Specialist

Registration No. of the Eye Specialist.

Seal of the Eye Specialist

**PROFORMA OF SELF DECLARATION TO BE SUBMITTED BY CANDIDATES
APPLYING FOR THE POST OF STATION MASTER REGARDING LASIK OR
OTHER CORRECTIVE EYE SURGERY AGAINST CEN NO. _____**

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 REGD No.:

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

Place:

Date:

Commanding Officer:

(Signature)

Office Seal

DoPT letter No. 36012/3/2021-Estt.(Res-II) dtd 27.02.2023

**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:

FOR CANDIDATES INFORMATION ONLY**MEDICAL FITNESS OF CANDIDATES WHO HAVE UNDERGONE LASIK SURGERY****Railway Board letter 2022/H/5/1/NER/Dalbir dtd 25.08.2022**

Description	Medical Examination Category	Remarks
Candidates Who have undergone LASIK Surgery	A1(AYE ONE) A2(AYE TWO) A3(AYE THREE)	Unfit
	B1 (BEE ONE) & B2 (BEE TWO)	<p>"FIT"</p> <p>Subject to the following criteria being met:</p> <p>1.No complications related to LASIK Surgery following LASIK Surgery are observed in the Candidate.</p> <p>2.LASIK Surgery should be at least of one year duration and the same should be substantiated with a Medical Certificate issued by the specialist of the Institution where surgery was performed.</p> <p>3. "Residual Corneal Thickness" post LASIK Surgery should not be less than 425 microns on pachymetry.</p> <p>4. The visual acuity as per para 512(1)(A) of IRMM Vol I, 3rd edition 2000.</p> <p>5. Fundus should be normal.</p> <p>6. No evidence of progressive Eye disease.</p>
	C1(CEY ONE) & C2 (CEY TWO)	"FIT"