



# FORMATS FOR CERTIFICATES FOR RAILWAY RECRUITMENT BOARD EXAMS

Annexure-3

## 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 Constitution (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 Peoples 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 Magistrat / 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 Tahsilar / 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 FOR WAIVING EXAMINATION FEES**

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 :
8. Stamp of issuing authority (Name)

NB : Economically backward classes will mean the candidates whose family income is less than ₹ 50,000/- per annum. The following authorities are authorised to issue income certificates for the purpose of identifying economically backward classes :

(i) District Magistrate or any other Revenue Officer upto the level of Tahsildar (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 Chaimian/RRBs for any persons from anywhere in the country. (iv) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.

# FORMATS FOR CERTIFICATES FOR RAILWAY RECRUITMENT BOARD EXAMS

Annexure-4

## OBC CERTIFICATE

### 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 / Town  
..... District ..... in  
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.12011/7/95-OCC, dated 24th May 1995, published in the 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 the Gazette of India - Extraordinary-part 1, Section 1, 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 September 1997.
- 7) Resolution No.12011/99/94-BCC, published in the Gazette of India - Extraordinary-No. 236, dated the 11th December 1997.
- 8) Resolution No.12011/13/97-BCC, published in the Gazette of India - Extraordinary-No. 239, dated the 3rd December 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 the 6th August 1998.
- 11) Resolution No.12011/68/98-BCC, published in the Gazette of India - Extraordinary-No. 241, dated the 27th October 1999.
- 12) Resolution No.12011/88/98-BCC, published in the Gazette of India - Extraordinary-No. 270, dated the 6th December 1999.
- 13) Resolution No.12011/36/99-BCC, published in the 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 O.M.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 : .....

Date : .....

**DISTRICT MAGISTRATE / DY. COMMISSIONER ETC.**

**\*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 and or his family resides.

**Annexure-6****Proforma for Medical Certificate to be obtained from an Eye Specialist by candidates applying for the posts of Assistant Loco Pilot.**

Paste here your recent colour passport size photograph of size 4 cm x 5 cm

(The colour photograph should not be more than 3 months old)

The photograph should be attested by the eye specialist

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

Signature of candidate  
in the above box below the photograph

Post	Class	Distant Vision	Near Vision	Colour Vision on Ishihara
Assistant Loco Pilot	A-1	6/6, 6/6 without glasses with fogging test (must NOT accept+2D)	Sn 0.6/0.6 without glasses	Normal

Shri /Smt /Kumari\* ..... fully conforms to the above vision standards.

Name of the Eye Specialist..... (Signature of the Eye Specialist)

Registration No. of the Eye Specialist.....

Place:

Date :

(Seal of the Eye Specialist)

**MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)****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 :

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

**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 stoop)

(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

**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)

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.

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

4. Smt./Shri/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 :

Counter signature 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 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 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 SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE**

Name of the Candidate.....

Date of Birth of the Candidate .....

Name of the Scribe .....

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

Address of the Scribe :

(a).Permanent Address.....

(b) Present Address' .....

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 and understood 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.

\_\_\_\_\_  
(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**