

Original certificates / documents (as applicable) which a candidate must produce during Document Verification along with e-call letter for CEN-01/2018(ALP/Technicians):

- (i) Matriculation / High School Examination certificate or equivalent Certificate as proof of date of birth and Matriculation qualification. (The candidate's name and the father's /mother's name mentioned in the application will be verified with reference to the names mentioned in this certificate).
- (ii) 10+2 / Inter / Higher Secondary / PUC
- (iii) NCVT / SCVT / Diploma / Engineering Degree Certificate with Semester wise Mark sheets
- (iv) SC / ST certificate in the format as per **Annexure-I.**
- (v) OBC-NCL certificate in the format as per **Annexure-II. (Candidates should bring current OBC Certificate.)**
- (vi) Non-creamy layer declaration by OBC candidates as per **Annexure –IIA (All OBC/NCL candidate should take a blank print out of the Annexure-IIA).**
- (vii) Income certificate for waiving examination fees for Economically Backward classes as per **Annexure III / BPL Card / Izzat MST.** (Candidates who have declared as EBC and furnish EBC details during application, must produce EBC certificate /BPL Card/Izzat MST in original or else his/her candidature is liable to be rejected)
- (viii) Original Discharge Certificate, Pension payment order, Ex Servicemen book, Identity card for Ex-Serviceman clearly mentioning the reason of discharge and other details (**Cut off date of discharge is 31.03.2019**)
- (ix) For Ex Servicemen candidates who secured Civil employment after applying for this CEN, the acknowledged copy of the Declaration submitted to the Civil Employer giving details of application against this CEN along with NOC
- (x) Medical Certificate for Persons with Disabilities (PwBD) as per Revised **Annexures V(A), V(B), V(C)**
- (xi) NOC from Serving Employees with Date of Appointment.
- (xii) Minority Community Declaration on Non-Judicial Stamp paper as per **Annexure – IV.**
- (xiii) Gazette Notification and/or any legal document in case of formal change of name as mentioned in para 1.7 of General Instructions of CEN 01/2018.
- (xiv) J&K Domicile Certificate.
- (xv) Certificate of eligibility from Government of India as per para 4(i)(f) of CEN 01/2018 on Nationality (For candidates other than citizen of India).
- (xvi) Decree of Divorce/Judicial separation from the Competent Court of Law as applicable in case of divorcee/judicially separated women and affidavit stating that the candidate has not remarried.
- (xvii) Death certificate of spouse in case of widow candidates and affidavit stating that the candidate has not remarried.
- (xviii) The educational qualification certificates viz., provisional or Regular Degree / Diploma /HSC(10+2)/ ITI / NTC / NAC should contain the date of issue. In case, date of issue of these certificates is after the closing date of Notification, then the consolidated marks sheet with date of declaration of the final qualifying exam or individual marks sheets of all the semesters with date of declaration of each semester results should be submitted. In case of non-availability of date in any of these certificates, then a certificate indicating date of declaration of result from the Technical Board/Council (NCVT/SCVT) / University to this effect should be produced at the time of DV.

- (xix) 3 passport size colour photographs **NOT MORE THAN ONE MONTH OLD.**
- (xx) In case of variation in spelling in name, fathers name in the on-line application and original certificates/documents, candidates are required to submit relevant affidavit executed before Magistrate or Notary on required stamp papers stating that the referred person in certificate(s) is one & same on the date of verification.
- (xxi) Any other relevant certificate/testimonials/documents available with the candidate.
- (xxii) The candidate should also bring two(2)sets of clear & legible self-attested photocopies each of the original certificates / documents mentioned above against(i) to (xxii). (As applicable)
- If a candidate fails to produce the above mentioned original certificates on the date of document verification, your candidature is liable to be rejected and no further correspondence will be entertained in the matter. Further, please note that furnishing false information, deliberate suppression of information or using unfair means at any stage of exam will render the candidate disqualified and he/she will be debarred from appearing in any selection or appointment in Railway or to other Government services and if appointed, the service of such candidate is liable to be terminated in future.
 - It may be noted that candidature for above mentioned post(s) is purely provisional and subject to fulfilling eligibility criteria in all respects.
 - It may be noted that merely calling candidate for Document Verification & Medical Examination does not in any way entitle him/her to an appointment in Railways. It may please be noted that empanelment will be subject to correctness of all the information submitted by the candidate in on-line application, CBTs/Aptitude Test and verification of documents.
 - For SC/ST candidates the free travel authority is provided herewith, which may be used for availing free train travel for attending the office of RRB for Document Verification duly producing original caste certificate to authorized railway staff while travelling. The Free travel authority for travelling to the place of Railway Hospital Medical Examination and then to the home station of the candidate will be issued at RRB on completion of the DV.
 - The candidates need to attend Medical Examination after successful Document Verification duly paying Rs.24/- towards medical examination fee (candidates are advised to bring necessary change). The Date, time & place of Medical Examination will be intimated at the time of DV. Candidates may note that they should be prepared to stay for 3 to 4 days for DV/Medical examination at their own cost.

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/ Srimati/ Kumari* son/daughter* of Shri
 Village / Town / District/Division* of

the State/Union Territory* belongs to the Caste*/Tribe which is
 recognised as a Scheduled Caste / Scheduled Tribe (tick whichever is applicable)

under :- *The Constitution Scheduled Castes Order 1950. *The Constitution Scheduled
 Tribes Order 1950.

*The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order 1951;

*The Constitution (Scheduled Tribes) (Union Territories) (Part C States) 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, the North
 Eastern Areas (Re-organisation) Act 1971 and the Scheduled Castes and Scheduled Tribes Orders,
 (Amendment) Act 1976]

The Constitution (Jammu and Kashmir) Scheduled Castes Orders, 1956

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled
 Castes and Scheduled *Tribes Orders (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 (Uttar Pradesh) Scheduled Tribes 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

*The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.

*The Constitution (SC) Orders (Amendment) Act, 1990 *The

Constitution (ST) Orders (Amendment) Ordinance Act, 1991

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1996 *The

Constitution (Scheduled Castes) Orders (Amendment) Act, 2002

*The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.

*The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.

2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one
 State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes Certificate issued to

Shri/Srimati* father/mother* of Shri/Srimati/Kumari of
 Village / Town* in /

..... District/Division* of the

State/Union Territory* who belongs to the Caste*/Tribe which is recognised as a

Scheduled Caste/ Scheduled Tribe in the Station/ Union Territory* issued by the dated.

3. Shri/Srimati/Kumari* and /or* his/her* family ordinarily resides in Village/Town* District/
 Division* of the State/ Union Territory* of

* Please delete the words which are not applicable.

@ Please quote the specific presidential order.

% Please delete the Paragraph, which is not applicable.

Note: (a) 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:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy
 Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka
 Magistrate / Executive Magistrate / Extra Assistant Commissioner. 2. Chief Presidency Magistrate / Additional
 Chief Presidency Magistrate / Presidency Magistrate . 3 . Revenue Officers not below the rank of Tehsildar.

4. Sub-Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5.
 Certificates issued by Gazetted Officers of the Central or of a State Government Countersigned by the District
 Magistrate concerned. 6. Administrator/ Secretary to Administrator (Laccadive, Minicoy and Admindivi Islands).

Signature

Designation

(with seal of Office)

State/ Union Territory

Place

Date

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./Kumari.....son/daughter of
..... of Village/Town in District/ Division
..... in the State/ Union Territory..... belongs to the
..... community which is recognised as a Backward Class under the Government of
India, Ministry of Social Justice and Empowerment's Resolution No.....
dated.....*

Shri/Smt./Kum.*..... and/or his/her family ordinarily reside(s) in
the.....District/Division of the..... state/Union
Territory. 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.36033/1/2013-Estt. (Res) dated 27.05.2013 and
13.09.2017*.

Date:

**DISTRICT MAGISTRATE /
DY. COMMISSIONER ETC.
(Seal)**

* The authority issuing the certificate may have to mention the details of Resolution of
Government of India, in which the caste of the candidate as OBC.

* As amended from time to time.

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of the
Representation of the People Act, 1950.

DECLARATION

Proforma for declaration to be submitted by Other Backward Class Candidates at the time of document verification, who had applied for the posts against Centralized Employment Notice No. CEN 1/2018

"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 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 08.03.1993 and its subsequent revisions through O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013 and 13.09.2017.

Place:

Signature of the Candidate

Date:

Name of the candidate



Income Certificate for EBC

Proforma for Waiver of Examination Fees to be submitted by Economically Backward Class candidates at the time of document verification against Centralized Employment Notice No CEN 1/2018

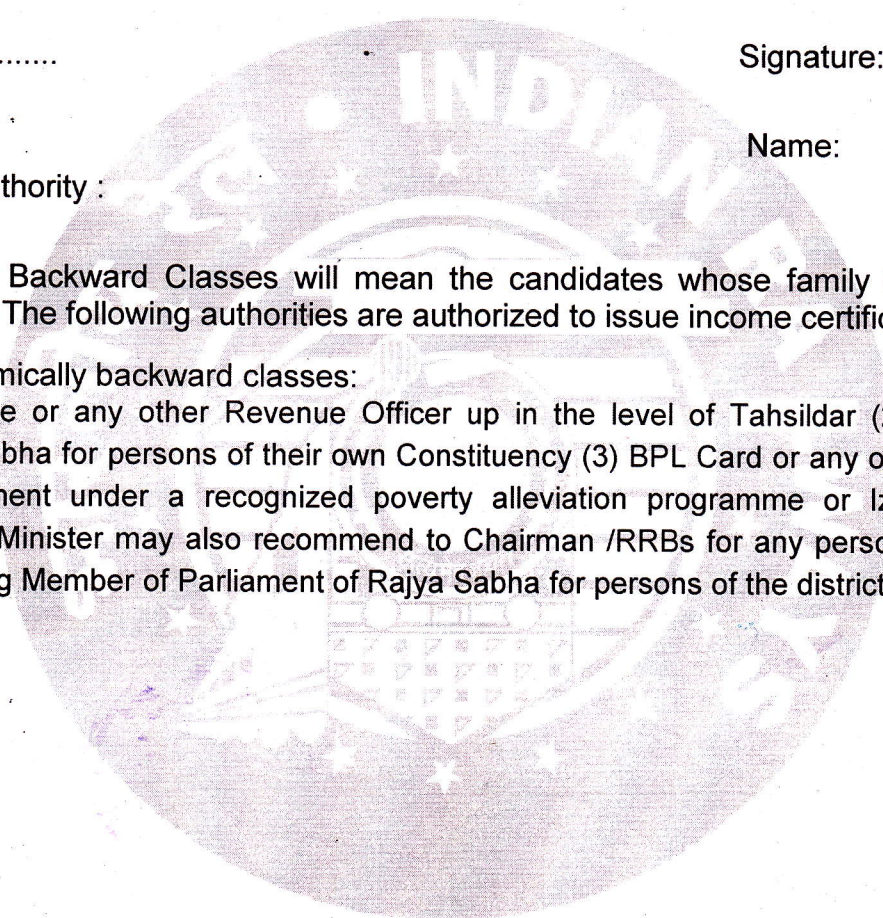
- 1. Name of Candidate :
- 2. Father's Name :
- 3. Age :
- 4. Residential Address :
- 5. Annual Family Income (In words & Figures) :

Date:

Signature:

Name:

Stamp of Issuing Authority :



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

- (1) District magistrate or any other Revenue Officer up in the level of Tahsildar
- (2) Sitting Member of Parliament of Lok Sabha for persons of their own Constituency
- (3) BPL Card or any other certificate issued by Central Government under a recognized poverty alleviation programme or Izzat MST issued by Railways.
- (4) Union Minister may also recommend to Chairman /RRBs for any persons from anywhere in the country.
- (5) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.

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DECLARATION

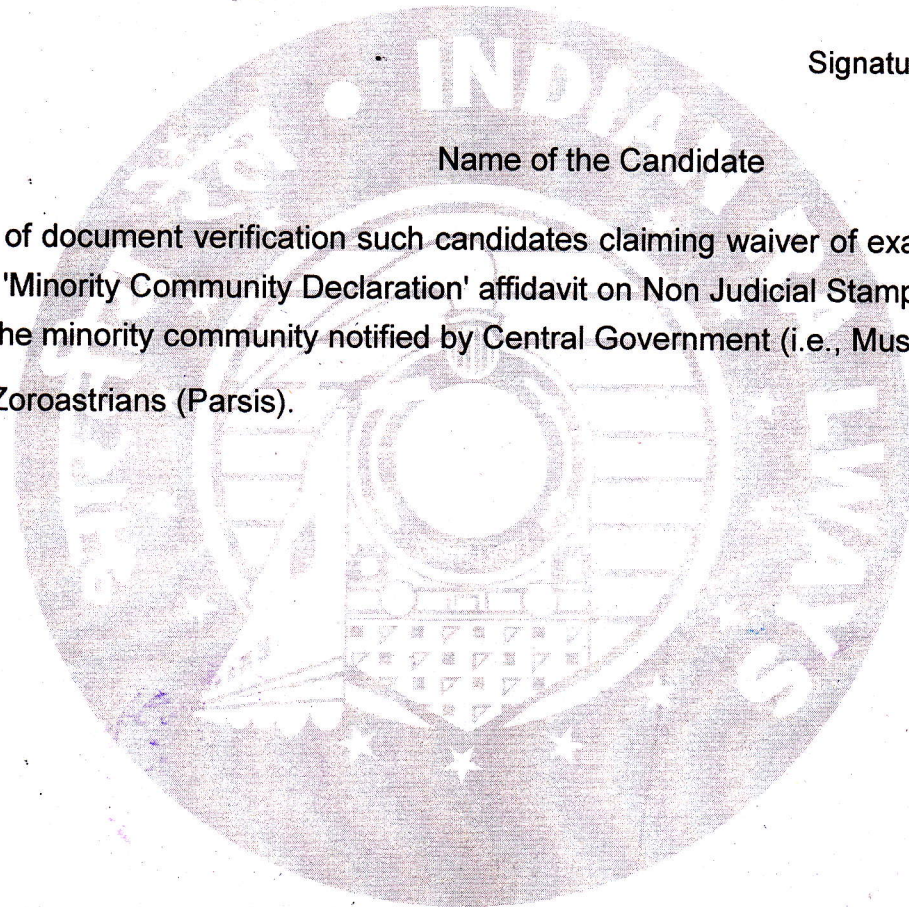
**Proforma for Waiver of Examination Fees to be submitted by
Minority candidates at the time of Document Verification against
Centralized Employment Notice No CEN 1/2018**

"I, son/daughter of
Shri resident of village / town / city
..... district state hereby
declare that I belong to the (indicate minority community notified by
Central Government i.e., Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrians (Parsis))

Date : Signature of the Candidate

Place : Name of the 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 Government (i.e., Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrians (Parsis)).



2017
12/10
2018

FORM-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See Rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent passport size
attested
photograph
(Showing face
only) of the person
with disability

Certificate No. Date:

This is to certify that I have carefully examined

Shri/Smt/Kum.

son/wife/ daughter of Shri.

Date of Birth (DD/MM/YYYY) Age Years, Male/Female

Registration No. permanent resident of

House No. Ward/Village/Street Post

Office District

State, whose photograph is affixed above, and am satisfied that:

(A) He/she is a case of:

- Locomotor Disability
- Dwarfism
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is

(1) He/She has% (in figure)..... percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her (part of body) as per guidelines (..... number and date of issue of the guidelines to be specified).

(2) The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorized Signatory of Notified Medical Authority)

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

FORM-VI
 Certificate of Disability
 (In cases of multiple disabilities)
 [See Rule 18(1)]

REVISED ANNEXURE V(B)

(Name and Address Of The Medical Authority Issuing The Certificate)

Recent passport size
 attested
 photograph
 (Showing face
 only) of the person
 with disability

Certificate No:

Date:

1. This is to certify that we have carefully examined
 Shri/Smt./Kum

son/wife/daughter of Shri

Date of Birth (DD/MM/YYYY) Age years, Male/Female

Registration No. permanent resident of House No. Ward/Village/Street
 Post Office District State whose photograph is affixed above, and I am satisfied
 that:

(A) He/She is a case of **Multiple Disability**. His/Her extent of permanent physical impairment/disability has been evaluated as per guidelines (..... number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sl.No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in%)
1	Locomotor Disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low Vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism Spectrum Disorder			
15	Mental illness			
16	Chronic Neurological Conditions			
17	Multiple Sclerosis			
18	Parkinson's Disease			
19	Haemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows:-
 In figures:% 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/after years months, and therefore this certificate shall be valid till
 (DD/MM/YYYY)

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

5. Signature and seal of the Medical Authority:

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

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

FORM-VII
Certificate of Disability
 (In cases other than those mentioned in Forms V and VI)
 (Name and Address Of The Medical Authority Issuing The Certificate)
 [See rule 18(1)]

Recent Passport
 Size
 Attested
 Photograph
 (Showing face
 only) of the person
 with disability

Certificate No:.....

Date:.....

1. This is to certify that I have carefully examined
 Shri/Smt./Kum.....
 son/wife/daughter of Shri.....
 Date of Birth(DD/MM/YYYY)..... Age..... years, male/female..... Registration No.
 permanent resident of House No..... Ward/Village/Street..... Post
 Office..... District..... State....., whose photograph is affixed above,
 and I am satisfied that he/she is a case of..... disability. His/her extent of percentage
 physical impairment/disability has been evaluated as per guidelines (..... number and date of issue of
 the guidelines to be specified) and is shown against the relevant disability in the table below:-

Sl.No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in%)
1	Locomotor Disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low Vision	#		
7	Deaf	€		
8	Hard of Hearing	€		
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological Conditions			
15	Multiple Sclerosis			
16	Parkinson's Disease			
17	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

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

3. Reassessment of disability is:

(i) not necessary, Or

(ii) is recommended/after..... years..... months, 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

.....
 (Authorized Signatory of notified Medical Authority)
 (Name and Seal)

Countersigned
 {Counter signature and seal of the Chief Medical Officer/Medical Superintendent/
 Head of Government Hospital, in case the
 Certificate is issued by a medical authority who is
 Not a Government servant (with seal)}

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