

**Original certificates / documents (as applicable) which a candidate must produce during Document Verification along with e-call letter for CEN-03/2018(JE,DMS,CMA):**

- (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). If a candidate fail to produce any certificate indicate mother's name, then he/she should produce affidavit from Magistrate/Notary , failing which his/her Document Verification will not be conducted.
- (ii) 10+2 / Inter / Higher Secondary / PUC
- (iii) 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.) The OBC sub-caste should be as per the Central List and spelling sub-caste should be correctly mentioned in the OBC certificate or else he/she will have to produce fresh OBC/NCL 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 availed fees exemption and furnished EBC details during application, must produce EBC certificate /BPL Card/Izzat MST in original or else his/her candidature will 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 31.01.2020)**
- (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 **(Annexure-VI)**
- (x) Medical Certificate for Persons with Disabilities (PwBD) as per **Annexures V(A), V(B), V(C)**
- (xi) All Central Government/State Government/PSU employee should produce NOC during Document Verification, failing which his/her DV will not be conducted.
- (xii) All candidates belonging to minority community and avail fees exemption must produce 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 03/2018.
- (xiv) J&K Domicile Certificate.
- (xv) Certificate of eligibility from Government of India as per para 4(i)(f) of CEN 03/2018 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) 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 / 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, his/her 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 and verification of documents.
    - For SC/ST candidates who opted for free travel authority during application, his/her free travel authority for DV will be a part of e-call letter 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. SC/ST candidates availing free travel authority should take print out of **two e-call letters, one for submission during DV and one for use during journey.**
    - 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. Only for special medical tests as per advise of Doctor, if facilities does not exist in the hospital, the candidate has to get the test done from outside hospital at his own cost.



## FORM OF CASTE CERTIFICATE FOR SC/ST

1. This is to certify that Shri\*/ Srimati/ Kumari\* .....son/daughter\* of..... Village/  
Town...../District/Division\*.....of the.....State/Union Territory\*  
belongs to the.....Caste\*/Tribe which is recognized 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) (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.....

Place.....

Signature.....

Date.....

Designation.....

(with seal of Office)

State/ Union Territory.....

\* Please delete the words which are not applicable.

@ Please quote the specific presidential order.

% 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 Amindivi Islands).



**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:

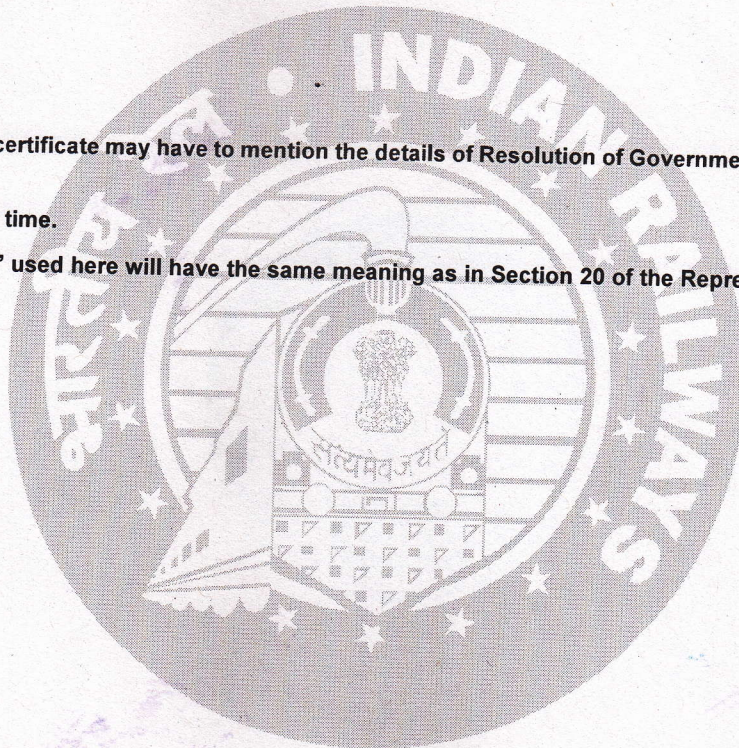
**DISTRICT MAGISTRATE /  
DY. COMMISSIONER ETC.**

(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 (CEN) - 03/2018**

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 recognized 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  
revision 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 (CEN) - 03/2018**

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 Rs.50,000/- per annum. The following authorities are authorized to issue income certificates for the purpose of indentifying economically backward classes:

- (1) District magistrate or any other Revenue Officer up in the level of Tehsildar
- (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.



**DECLARATION**

**Proforma for Waiver of Examination Fees to be submitted by  
Minority candidates at the time of document verification against  
Centralized Employment Notice (CEN) - 03/2018**

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)).





**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)**

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

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



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

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

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:

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

(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)]

Certificate No: .....

Date: .....

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

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.



**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. 03/2018.

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 03/2018 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:  
Date:  
Roll No:

Signature:  
Name:

