

WESTERN RAILWAY

Prev.....2

Dated District Magistrate/Seal Deputy Commissioner etc.

NB : (a) The term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950 (b) The Authorities competent to issue caste certificate 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 Tehsildar and

(iv) Sub Divisional Officer of the area where the candidate and / or his family ordinarily resides.

Annexure - V

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL		Control No. (for office use)
DISABILITY CERTIFICATE		Paste here recent colour passport size photograph of the candidate of size 4 cm x 5 cm (The colour photograph should not be more than 3 months old)
Certificate No. _____	Date _____	

1. This is to certify that Smt./Shri./Kum* _____ son/daughter of Shri _____ age _____ of 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 | (a) BA-Both arms affected |
| (ii) BA-Both arms affected | (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 (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 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 | 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/
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.

Annexure - VI

INCOME CERTIFICATE FOR WAIVER OF EXAMINATION FEES

1	Name of the Candidate	
2	Father's/ Husband's Name	
3	Age	
4	Residential Address	
5	Annual Family Income (In Figures)	
	(In Words)	
6	Date of Issue	
7	Signature	
8	Stamp of Issuing Authority	

Name :

Designation :

Office :

NB: 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.

- District Magistrate or any other Revenue Officer up to the level of Tehsildar.
- Sitting Member of Parliament of Lok Sabha for persons of their own constituency.
- BPL Card or any other certificate issued by the Central Government under a recognized Poverty alleviation programme or Izzat MST issued by Railways.
- Union Minister may also recommend to Chairman - RRC for any persons from anywhere in the country.
- Sitting Member of Parliament of Rajya Sabha for persons of the District in which these MPs normally reside.

Annexure - VII

Proforma for declaration to be submitted by Other Backward Class Candidates along with the application while applying for the posts against Employment Notice No. WR/HQ/R&T/S&G/1/2015-16

No _____

DECLARATION

"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-(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 08/09/1993 and is subsequent through O.M.No. 36033/3/2004 - Estt. (Res.) dated 09/03/2004."

Place :

Signature of the candidate

Date:

Name of the candidate