

भारत सरकार / GOVERNMENT OF INDIA

रेल मंत्रालय / MINISTRY OF RAILWAYS

(रेलवे बोर्ड / RAILWAY BOARD)

सं० 2023/ईआरबी-5/5(1)/1

No. 2023/ERB-5/5(1)/1

रेल भवन, नई दिल्ली, दिनांक : 01.05.2025

Rail Bhavan, New Delhi, dated : 01.05.2025

To,

The Successful candidates of Multi Tasking
(Non-Technical) Staff, and Havaladar (CBIC & CBN)
Examination, 2024 nominated as Multi-Tasking
Staff (MTS) in Ministry of Railways (Railway Board).
(As per the list attached).

Subject: Multi Tasking (Non-Technical) Staff, and Havaladar (CBIC & CBN) Examination, 2024- Intimation regarding pre-appointment formalities for the post of Multi-Tasking Staff (MTS) (Group C, Non-Gazetted) in Ministry of Railways (Railway Board).

Dear Candidates,

Congratulations on your success in the Multi Tasking (Non-Technical) Staff, and Havaladar (CBIC & CBN) Examination, 2024.

I am directed to say that you have been allocated and nominated for appointment as Multi-Tasking Staff (MTS) in the Ministry of Railways (Railway Board) by Staff Selection Commission (SSC) on the basis of Multi Tasking (Non-Technical) Staff, and Havaladar (CBIC & CBN) Examination, 2024. The allocation has been made on the basis of your rank in the merit list, eligibility, preference for services expressed by you and availability of vacancy. Though utmost care has been taken while preparing the list annexed, yet you are advised to cross check the particulars pertaining to you with the result declared by SSC and report discrepancies, if any.

2. Your Document Verification (DV) will be conducted on provisional basis in Ministry of Railways (Railway Board), Room No. 108A, 1st Floor, Rail Bhawan, Raisina Road, New Delhi- 110001. The date and time of appearing for DV may be seen at **Annexure-I**.

3. All the successful candidates nominated for the post of Multi-Tasking Staff (MTS) are required to furnish the following documents at the time of their DV:

(i) Willingness to join the post as per the given format (**Annexure- II**).

(ii) Two sets of Attestation Form (**Annexure-III**), all sets duly filled in ink.

[The candidates may take print out (back to back) of the Attestation Form attached (Annexure-III) and should carefully fill in the forms. No column in the Form should be left blank. The photograph pasted on all two sets should be self attested by the candidate. Specific answers to each of the questions in point 15 of the form should be given by striking out 'Yes' or 'No', as the case may be and by tick mark (✓). The candidates should fill in the details at point 10 even if it is same as in the points 2 or 3 of the form].

Cont...2/-...

3.1. Candidates must also bring the following documents **(in original)** for verification, and also **their self attested photocopies** for submission to this office on the day of DV **in the following order:**

- a) Matriculation **Certificate and mark sheet** as proof of Date of Birth (DOB will be reckoned only with this certificate).
- b) Certificates regarding essential qualification for the post of Multi-Tasking Staff:
Mark sheet and Certificate for completion of Matriculation or equivalent from a recognized Board. The candidates must have passed Matriculation Examination or equivalent from a recognized Board as on or before the cut-off date mentioned in the Notice of Multi Tasking (Non-Technical) Staff, and Havaladar (CBIC & CBN) Examination, 2024, issued by SSC, failing which the certificates will not be accepted as valid proof of possessing the requisite educational qualification.
- c) Community Certificate (OBC/SC/ST/EWS) should be in the format prescribed in the Examination Notice, issued by the competent authority. SC/ST Certificate should be in conformity with *Annexure-VIII of the Notice of Examination*. EWS Certificate should be based on the income of Financial Year 2023-2024 (01.04.2023 — 31.03.2024) and valid for the year for 2024-2025. It should be in conformity with *Annexure-X of the Notice*.
- d) Similarly, a person seeking appointment on the basis of reservation to OBCs must ensure that he/she possesses a certificate, in conformity with *Annexure-IX of the Notice of Examination*, confirming his/her status as OBC and also produce Non-creamy layer status by an authority mentioned in DoP&T's O.M. No. 36012/22/93Estt.(SCT) dated 15.11.1993. Further, as per DoP&T's O.M. No. 36036/2/2013. Estt.(Res-I) dated 31.03.2016, the Non-creamy Layer Certificate would be applicable to OBC candidates who are covered under Income/Wealth Test criterion. Since the crucial date as per SSC's notice of examination is **03.08.2024**, the validity of non-creamy layer certificate issued during any month of the financial year 2024-25 covering 3 preceding financial years viz., 2021-22, 2022-23 & 2023-24 will be accepted at the time of DV. Certificate showing only the community as per State list will not be accepted. In case of Female OBC candidates, OBC certificate should be issued as Daughter of i.e. carrying her father's name.
- e) Certificate in format prescribed in the Notice (*Annexure XI, XII and XIII of the Examination Notice*) regarding category of Person with Benchmark Disability (PwBD). The PwBD/PwD candidates who have availed the facility of scribes/passage reader and/or compensatory time in accordance with the provisions mentioned in the *Notice of Examination*, must produce relevant documents for the eligibility of scribe/compensatory time at the time of Document Verification. Failure to produce such supporting documents will lead to cancellation of their candidature.
- f) Certificates in the format prescribed in the Notice viz., Discharge Certificate, Service Certificate, etc. in support of claim as Ex-Serviceman.

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- g) Certificate in the format prescribed in the Notice for seeking age relaxation as a Central Govt. Civilian employee.
- h) No Objection Certificate, in case already employed in Government/Government undertakings.
- i) **The use of black ball point/Gel pen is strictly prohibited during DV.**

3.2. The candidates should also possess at least two latest photo-bearing identification proofs and address proofs such as Driving Licence, Voter Card, Aadhar Card, Income Tax Pan Card and any other Identity Card issued by Government Deptts./Organizations/ University / College **in original along with its self attested copies**. The Identity Card issued by College / University should be current. Two recent color passport-size Photographs are to be brought for use at the DV.

3.3. All the candidates residing outside Delhi are required to appear before the Civil Surgeon/Principal Medical Officer/Chief Medical Officer of the District where the candidates are presently residing, for medical examination, to determine their fitness for Government service. The candidates residing in Delhi are required to appear before the Medical Superintendent/Civil Surgeon, Dr. Ram Manohar Lohia Hospital, Delhi. The candidates are required to give a statement and declaration regarding his/her health in the attached form in the presence of Medical Officer. The medical certificate of fitness should be in the prescribed format, a specimen of which is attached (**Annexure-IV**). The Authorities concerned are also requested to take up the Medical Examination of the candidates concerned on the strength of this letter. In case any other authority letter is required by the Office of Medical Authority concerned, the undersigned may be contacted through e-mail at erb5.railwayboard@gmail.com.

3.4. However, if the candidate is already in Government service, instead of obtaining a fresh medical report, they may produce this letter to their Controlling Authority to enable them to forward an attested copy of their medical Examination report (with attested photograph) obtained at the time of the appointment, to the undersigned. The candidates must ensure that the said medical examination report furnished to the previous employer should have been issued by Civil Surgeon/Chief Medical Officer or equivalent.

3.5. In addition, character and antecedent verification must have been completed in respect of the candidates who are already in Government service. Thus, their controlling authority may also forward attested copies of the same (along with Attestation Form) on the strength of this letter to the undersigned to enable this office to process his/her case of appointment.

4. The eligibility of candidates shall be determined for consideration for appointment based on the documents produced during DV and information furnished in the attestation form. If found eligible, candidates will be offered appointment to the post of Multi-tasking Staff in Ministry of Railways (Railway Board) subject to the verification of their character and antecedents/claim for OBC (Non-creamy layer)/SC/ST/PwBD/EWS status.

5. The candidates must note that in case, at any stage, it is found that the candidate's certificates are fake/false or candidate has furnished false information, he/she shall be liable to be proceeded against, under the relevant rules, leading to such penalty as may be decided, which extends to the termination of his/her appointment. Such action shall also be without prejudice to any punitive action as may be attracted in such cases.



6. It may be noted that mere submission of willingness and other documents will not entitle any candidate to claim appointment to the post which will be subject to fulfillment of stipulated terms and conditions. Formal offer of appointment will be sent to you separately by this office.

7. Attention is also invited to Department of Personnel and Training's (DoP&T) OM No. 11012/7/91 -Estt.(A) dated 19.05.1993, as amended from time to time, which clearly stipulates that a Government servant, who was not qualified or eligible in terms of the recruitment rules, etc., for initial recruitment in service or had furnished false information or produced a fake/false certificate in order to secure appointment, he should not be retained in service.

8. The offer of appointment when made, will be provisional for the candidates who have claimed/availed the benefits of any type of reservation for posts and service in terms of the following instructions as may be relevant to them:-

- (i) SC/ST Candidates: - The appointment will be provisional and is subject to due verification of SC/ST certificate by this office.
- (ii) OBC Candidates: - DoP&T has issued OMs No. 36012/22/93-Estt.(SCT), dated 8th September, 1993, No. 36033/5/2004-Estt.(Res) dated 14th October, 2008 and other extant instructions in this regard from time to time. In accordance with these instructions, only Non-Creamy Layer OBC candidates are entitled to get the benefits of reservations earmarked for Other Backward Classes (OBC). The allocation is, therefore, provisional to this extent and is subject to further verification of OBC certificate by this office.
- (iii) PwBD Candidates: - The appointment will be provisional and subject to due verification of concerned certificate by this office.
- (iv) EWS Candidates:- The appointment will be provisional and subject to the due verification of income and asset certificate by this office.

Encl.: As above.

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01.05-25

(Pravin Kumar Sinha)
Under Secretary/ERB-5, Railway Board
Phone No. 011-47845682

NOTE: 1. Candidates may please note that further updates/information with regard to appointment to the post of Multi-tasking Staff on the basis of Multi Tasking (Non-Technical) Staff, and Havaladar (CBIC & CBN) Examination, 2024 will be placed on the website www.indianrailways.gov.in/railwayboard (About Indian Railways > Railway Board Directorates > Secretary Branches > ERB-V). They are, therefore, advised to regularly visit the website for updates.

2. Candidates should indicate their All India Rank of Multi Tasking (Non-Technical) Staff, and Havaladar (CBIC & CBN) Examination, 2024 in all their correspondence with this Department, including in the subject of email.

ANNEXURE-I

S.No.	Roll No.	Rank	Name	DV date	Slot	Timing
1.	2201005313	238	SHIVOTTAM KUMAR	08.05.2025	I	10:00 AM to 01:00 PM
2.	4205098288	1017	AMAN KUMAR	08.05.2025	I	10:00 AM to 01:00 PM
3.	3206345868	1580	BINIT KUMAR	08.05.2025	II	02:00 PM to 05:00 PM
4.	3206358711	1776	SHIKHA KUMARI	08.05.2025	II	02:00 PM to 05:00 PM
5.	3009174624	2128	SACHIN KUMAR OJHA	09.05.2025	I	10:00 AM to 01:00 PM
6.	2201433190	2385	RISHABH VIKRAM SINGH	09.05.2025	I	10:00 AM to 01:00 PM
7.	2201238658	2557	SUMIT SHARMA	09.05.2025	II	02:00 PM to 05:00 PM
8.	3206122578	2827	KUNAL KISHORE	09.05.2025	II	02:00 PM to 05:00 PM
9.	4404033656	2926	AMRITA KONER	13.05.2025	I	10:00 AM to 01:00 PM
10.	3010184424	2958	SUDHANSHU SHUKLA	13.05.2025	I	10:00 AM to 01:00 PM
11.	4410011432	3004	SUBHAM GHOSH	13.05.2025	II	02:00 PM to 05:00 PM
12.	2201439190	3032	YASH MOHAN	13.05.2025	II	02:00 PM to 05:00 PM
13.	3001096154	3033	YOGESH KUMAR	14.05.2025	I	10:00 AM to 01:00 PM
14.	2002038726	3072	PRASHANT RANA	14.05.2025	I	10:00 AM to 01:00 PM
15.	3001085178	3094	KUSH	14.05.2025	II	02:00 PM to 05:00 PM
16.	2201126151	3112	KRISHNA AGARWAL	14.05.2025	II	02:00 PM to 05:00 PM
17.	2201294871	3138	BHAWNA	15.05.2025	I	10:00 AM to 01:00 PM
18.	2201029212	3678	RIVANSHU	15.05.2025	I	10:00 AM to 01:00 PM
19.	2201067856	3995	NARESH	15.05.2025	II	02:00 PM to 05:00 PM
20.	4426006752	4637	TAPAS HALDAR	15.05.2025	II	02:00 PM to 05:00 PM
21.	1401043575	4687	VIKASH	16.05.2025	I	10:00 AM to 01:00 PM
22.	3016017325	5056	HIMANSHU SHARMA	16.05.2025	I	10:00 AM to 01:00 PM
23.	4410012742	5709	RAUNAK BALMIKI	16.05.2025	I	10:00 AM to 01:00 PM
24.	4415026094	6100	CHIROSHREE SARKAR	16.05.2025	II	02:00 PM to 05:00 PM
25.	1408013275	6317	ANUJ	16.05.2025	II	02:00 PM to 05:00 PM
26.	2002042127	6350	NITIN KUMAR	16.05.2025	II	02:00 PM to 05:00 PM
27.	2201005431	6431	GAURAV KUMAR	19.05.2025	I	10:00 AM to 01:00 PM
28.	2201394840	6557	GAURAV KUMAR	19.05.2025	I	10:00 AM to 01:00 PM
29.	4419011378	6591	KHOKAN MONDAL	19.05.2025	II	02:00 PM to 05:00 PM
30.	3206017312	6680	NIRPENDRA NARAYAN	19.05.2025	II	02:00 PM to 05:00 PM
31.	2201338208	6749	HENA RANI	20.05.2025	I	10:00 AM to 01:00 PM
32.	3009132916	6788	ASHISH KANAUIA	20.05.2025	I	10:00 AM to 01:00 PM
33.	2201524727	6953	SACHIN	20.05.2025	II	02:00 PM to 05:00 PM
34.	2201323946	6993	VIPIN KUMAR	20.05.2025	II	02:00 PM to 05:00 PM
35.	3011014765	7096	NAVNEET KUMAR BHARGAV	21.05.2025	I	10:00 AM to 01:00 PM
36.	4410035941	7162	ANIRBAN SARKAR	21.05.2025	I	10:00 AM to 01:00 PM
37.	5001000834	9228	LUKYIR KARLO	21.05.2025	II	02:00 PM to 05:00 PM
38.	3010191777	10540	PIYUSH MISHRA	21.05.2025	II	02:00 PM to 05:00 PM
39.	4207013369	11073	DHARMENDRA KUMAR	22.05.2025	I	10:00 AM to 01:00 PM
40.	8601036182	11200	SANJEEV RAWAT	22.05.2025	I	10:00 AM to 01:00 PM
41.	2003019346	11225	BHUPENDRA CHANDRA BHATT	22.05.2025	II	02:00 PM to 05:00 PM
42.	8007000285	11240	DEVENDRA KUMAR	22.05.2025	II	02:00 PM to 05:00 PM

Annexure - II

To,
The Joint Secretary,
Railway Board,
Rail Bhawan,
New Delhi.

Subject: Appointment to the post of Multi-Tasking Staff (MTS) in the Ministry of Railways (Railway Board) through Multi Tasking (Non- Technical) Staff, and Havaladar (CBIC & CBN) Examination, 2024- reg.

Sir,

I am to refer to letter No. 2023/ERB-5/5(1)/1 dated _____ of the Ministry of Railways (Railway Board) on the subject mentioned above and hereby convey my willingness/unwillingness* to join the post of Multi-Tasking Staff (MTS) in the Ministry of Railways (Railway Board).

2. Two sets of Attestation Form duly filled in my own handwriting, are also attached.*

3. My details are as under:

I. Roll No. : _____

II. Rank : _____

III. Date of Birth: _____

IV. E-mail : _____

V. Mobile No. : _____

VI. Aadhar No. : _____

Yours faithfully,

Date:

Signature: _____

Name: _____

Rank: _____

*Strike off if not applicable.

ATTESTATION FORM

<p style="text-align: center;">Affix signed Passport size (5 cms. X 7 cms.) Approx. copy of recent photograph</p>		<p style="text-align: center;">“WARNING</p> <p>1. The furnishing of false information or suppression of any factual information in the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the government.</p> <p>2. If detained, arrested prosecuted, bound down, fines convicted, debarred, acquitted etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information.</p> <p>3. If, the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person his services would be liable to be terminated”.</p>	
1.	Name in full (in block capitals) with aliases, if any, (Please indicate if you have added or dropped in any stage, any part of your name or surname):	Surname	Name
2.	Present Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town):		
3.(a)	Home Address in full (i.e. Village, Thana & District, or House No., Lane/Street/Road and Town and name of District Headquarters)		
(b)	If originally a resident of Pakistan/Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.		
4.	Adhar Card No.		
5.	PAN No.		
6.	Nationality		
7.(a)	Date of Birth		
(b)	Present age		
(c)	Age at Matriculation		

Signature of the candidate

साक्ष्यांकन फार्म

पासपोर्ट आकार का फोटो यहाँ चिपकाएं	<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">चेतावनी</div> <ol style="list-style-type: none"> 1. साक्ष्यांकन फार्म में कोई मिथ्या सूचना देना या किसी तथ्यात्मक सूचना को छिपाना अनर्हता होगी और इस कारण से सरकार के अधीन नियुक्ति के लिए अभ्यर्थी को अयोग्य ठहराया जा सकता है। 2. इस प्रपत्र के भरे जाने और प्रस्तुत करने के बाद यदि रोके रखा जाता है, गिरफ्तार कर लिया जाता है, मुकदमा चलाया जाता है, नज़र सानी में रखा जाता है, जुर्माना लगाया जाता है, दोषी ठहराया जाता है, विवर्जित कर दिया जाता है, दोषमुक्त कर दिया जाता है आदि तो उन प्राधिकारियों को ब्योरा शीघ्र भेजा जाना चाहिए जिन्हें साक्ष्यांकन फार्म पहले भेजा गया हो, ऐसा न करने पर यह समझा जायेगा कि तथ्यात्मक सूचना को छिपा लिया गया है। 3. यदि किसी व्यक्ति के सेवा काल में या किसी भी समय यह तथ्य ज्ञात होता है कि इस साक्ष्यांकन प्रपत्र में झूठी सूचना दी गई है अथवा छिपाई गई है, तो उसकी सेवाएं समाप्त की जा सकती है। 			
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7 (क)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">जन्म तिथि</td> <td style="width: 30%;"></td> <td style="width: 35%;"></td> </tr> </table>	जन्म तिथि		
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अभ्यर्थी के हस्ताक्षर

8.(a)	Place of birth, district and State in which situated					
(b)	District and State to which you belong					
(c)	District and State to which your father originally belongs					
9.(a)	Your Religion					
(b)	Are you a member of a Scheduled Caste/ Scheduled Tribe/Other Backward Classes? (Answer Yes/No)					
10.	Particulars of places (with periods of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.					
From DD/MM/YYYY	To DD/MM/YYYY	Residential Address in full (i.e. Village, Thana & District or House No., Lane/Street/ Road & Town)			Name of the District Head Quarter of the placementioned in preceding column.	
11.	Name (in full & aliases, if any)	Nationality (by birth & or by domicile)	Place of birth	Occupation (if employed give designation & official address)	Present postal address (if dead give last address)	Permanent Home address
a) Father						
b) Mother						
c) Spouse						

Signature of the candidate

8 (क)	जन्म का स्थान, जिला मुख्यालय व राज्य					
(ख)	जिस जिले और राज्य से आप संबंधित हैं					
(ग)	आपके पिता मूलतः जिस जिले और राज्य से हैं					
9(क)	आपका धर्म					
(ख)	क्या आप अनुसूचित जाति/जनजाति/अन्य पिछड़ा वर्ग के सदस्य हैं? (हाँ अथवा नहीं में उत्तर दीजिए)					
10.	उन जगहों का ब्यौरा (निवास की अवधि सहित) जहां आप पिछले पांच वर्षों में एक वर्ष से अधिक समय के लिए रहे हों, विदेश में रहने के मामले में (पाकिस्तान सहित) उन सभी जगहों का ब्यौरा दिया जाए, जहां आप 21 वर्ष की आयु के पश्चात एक वर्ष से अधिक समय के लिए रहे हैं,					
कब से (दिनांक)	कब तक (दिनांक)	निवास का पता (अर्थात गांव, थाना व जिला मुख्यालय, अथवा मकान नं., गली/स्ट्रीट/लेन व शहर)			पूर्व कॉलम में दिए गए स्थान के जिला मुख्यालय का नाम	
11.	पूरा नाम (उपनाम सहित)	राष्ट्रीयता (जन्म से और या अधिवास से)	जन्म स्थान	व्यवसाय (यदि नौकरी करते हैं तो पद और कार्यालय का पूरा पता)	वर्तमान डाक का पता, यदि देहांत हो चुका हो तो अंतिम पता दीजिए	स्थायी घर का पता
(क) पिता						
(ख) माता						
(ग) पत्नी/पति						

अभ्यर्थी के हस्ताक्षर

12.	Information to be furnished with regard to son(s) and/or daughters in case they are studying/living in a foreign country:			
Name	Nationality by birth & or by domicile	Place of birth	Country in which studying/living with full address	Date from which studying/living in the country mentioned in the previous column
13.	Educational Qualification showing places of education with years in Schools and Colleges since 15 th year of age:			
Name of School/College (with full address)		Date of Entering	Date of Leaving	Examination Passed
14.(a)	Are you holding or have any time held any appointment under Central or State Government or a Semi-Government or a Quasi Government body or an autonomous body or a Public Sector Undertaking or a private firm or institution? If so, give full particulars with date of employment up-to-date			
Period		Designation, emoluments & nature of employment	Full name & address of employer	Reasons for leaving previous service
From	To			

Signature of the candidate

12.	पुत्र और/या पुत्री (पुत्रियां), यदि विदेश में रहता/रहते/पढ़ता/पढ़ते हों तो उसके संबंध में दी जाने वाली सूचना:			
पूरा नाम (उपनाम सहित)	राष्ट्रीयता (जन्म से और/या अधिवास से)	जन्म स्थान	जिस देश में रहता/रहती है पढ़ता /पढ़ती है, के पूरे पते सहित।	पिछले कॉलम में बताए गए देश में किस तारीख से रहे/रही/पढ़ रहे/पढ़ रही है।
13.	15 वर्ष की आयु से स्कूलों और कालेजों में जितने वर्ष तक शिक्षा प्राप्त की है उसे तथा शिक्षण संस्थान का स्थान निर्दिष्ट करते हुए शैक्षिक अर्हताएं बताएं।			
स्कूल/कालेज का नाम (विस्तृत पते सहित)		प्रवेश की तारीख	छोड़ने की तारीख	परीक्षा उत्तीर्ण
14.(क)	क्या आप किसी केन्द्रीय अथवा राज्य सरकार या किसी अर्ध-सरकारी या आंशिक सरकारी निकाय या किसी स्वायत्त निकाय या सरकारी उपक्रम अथवा निजी फर्म या संस्थान में किसी पद पर काम कर रहे हैं अथवा कभी नियुक्त किए गए थे? यदि हों, तो अपने नियुक्ति का तिथिवार पूरा ब्यौरा अद्यतन दें:-			
अवधि		पदनाम, परिलब्धियों और नौकरी का विवरण	नियोजक का पूरा नाम और पता	पिछली सेवा छोड़ने का कारण
कब से	कब तक			

अभ्यर्थी के हस्ताक्षर

14.(b)	<p>If the previous employment was under the Government of India/a State Government/undertaking owned or controlled by the Government of India or a State Government/ and Autonomous Body/University/Local Body.</p> <p>If you had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date(s), before your service actually terminated?</p>		
15. (i)	(a)	Have you ever been kept under detention?	Yes/No
	(b)	Have you ever been arrested?	Yes/No
	(c)	Have you ever been prosecuted? (i.e. has a charge sheet in a criminal case been filed against you in any court of law)	Yes/No
	(d)	Is any criminal case pending against you in any Court of Law at the time or filling up this Attestation Form?	Yes/No
	(e)	Have you ever been convicted by a Court of Law for any offence?	Yes/No
	(f)	Whether discharged/expelled/withdrawn from any training/institution under the Government or otherwise?	Yes/No
	(g)	Have you ever been rusticated by any University or any other educational authority/institution?	Yes/No
	(h)	Have you ever been debarred / disqualified by any Public Service Commission/Staff Selection Commission for any of its examination/selection?	Yes/No
(ii)	<p>If the answer to any of the above mentioned question is 'Yes' give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc and/or the nature of the case pending in the Court/University/Educational Authority etc at the time of filling up this attestation form:</p>		
Note:	(i)	Please also see the 'WARNING' at the top of this Attestation Form	
	(ii)	Specific answers to each of the questions should be given by striking out 'Yes' or 'No' as the case may be	
16.	Names of two responsible person of your locality or two references to whom you are known (with their full address):		
1.			2.

Signature of the candidate

14.(ख)	क्या पिछली नौकरी भारत सरकार, किसी राज्य सरकार, भारत सरकार अथवा राज्य सरकार के स्वामित्व अथवा नियंत्रणाधीन किसी उपक्रम में/स्वायत्त निकाय/विश्वविद्यालय/स्थानीय निकाय में की थी। यदि आपने केन्द्रीय असैनिक सेवा (अस्थाई सेवा) नियम 1965 के नियम 5 के अन्तर्गत एक महीने का नोटिस देकर अथवा किन्हीं तुल्य तदनुरूपी नियमों के अंतर्गत निर्धारित अवधि का कोई नोटिस देकर नौकरी छोड़ी है तो क्या आपके विरुद्ध कोई अनुशासनिक कार्रवाई की गई अथवा जब आपने नौकरी छोड़ने का नोटिस दिया, उस समय अथवा पश्चातवर्ती तारीख को किसी मामले में, आपसे अपने आचरण के बारे में स्पष्टीकरण मांगा गया था।		
15. (i)	(क)	क्या आप कभी हवालात में रहे हैं ?	हाँ / नहीं
	(ख)	क्या आप कभी गिरफ्तार किये गए हैं ?	हाँ / नहीं
	(ग)	क्या आप पर कभी कोई अभियोग लगाया गया है ? (अर्थात आपके खिलाफ किसी आपराधिक मामले में किसी न्यायालय में आरोप पत्र दायर किया गया है)	हाँ / नहीं
	(घ)	क्या इस साक्ष्यांकन फार्म को भरते समय आपके विरुद्ध किसी न्यायालय में कोई मामला लंबित था ?	हाँ / नहीं
	(ङ)	क्या आपको किसी अपराध के लिए कभी किसी न्यायालय द्वारा दोषी ठहराया गया है ?	हाँ / नहीं
	(च)	क्या सरकार के अधीन या अन्यथा किसी प्रशिक्षण/संस्थान से हटाया गया है/निकाला गया है/ प्रत्याहरण किया गया है ?	हाँ / नहीं
	(छ)	क्या आपको कभी किसी विश्वविद्यालय या किसी अन्य शैक्षणिक प्राधिकारी/संस्थान द्वारा दंडस्वरूप निष्कासित किया गया है ?	हाँ / नहीं
	(ज)	क्या आपको किसी लोक सेवा आयोग, कर्मचारी चयन आयोग द्वारा ली जाने वाली किन्हीं परीक्षाओं/चयनों के लिए रोका गया है/अनर्हक ठहराया गया है ?	हाँ / नहीं
(ii)		यदि उपर्युक्त किसी प्रश्न का उत्तर हां हो तो गिरफ्तारी/हिरासत/जुर्माना/दोषी ठहराने/जेल भेजने/दण्ड देने आदि के मामले के संबंध में और/ या इस फार्म को भरते समय न्यायालय /विश्वविद्यालय/शिक्षा प्राधिकारी आदि के पास लंबित मामलों को प्रकृति का पूरा ब्यौरा दें।	
Note:	(i)	कृपया इस साक्ष्यांकन प्रपत्र में सबसे ऊपर दी गई चेतावनी भी देखें।	
	(ii)	“हां” अथवा “नहीं” जैसी भी स्थिति हो, प्रत्येक प्रश्न का अलग-अलग स्पष्ट उत्तर दिया जाना चाहिए।	
16.	अपने क्षेत्र के दो उत्तरदायी व्यक्तियों के नाम या दो ऐसे व्यक्तियों का हवाला जो आपसे परिचित हों (उनके पत्तों सहित)।		
1.			2.

अभ्यर्थी के हस्ताक्षर.

DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.

I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of Candidate:

Date:

Place:

TO BE FILLED BY THE OFFICE

- i) Name, Designation and full address of the appointing authority.

- ii) Post for which the candidate is being considered.

घोषणा

मैं प्रमाणित करता हूँ कि पूर्वोक्त सूचना मेरी अधिकतम जानकारी और विश्वास के अनुसार सही और पूर्ण है।

मैं इस बात से पूरी तरह अवगत हूँ कि इस फॉर्म को भरते समय गलत जानकारी प्रदान करने या महत्वपूर्ण जानकारी को छिपाने से, प्राधिकारी को मेरा नियुक्ति पत्र समाप्त करने का पूरा अधिकार है और इसके परिणामस्वरूप मैं उचित आपराधिक/दीवानी/कानूनी कार्रवाई के लिए भी उत्तरदायी हूँ।

मुझे ऐसी किन्हीं भी परिस्थिति की जानकारी नहीं है जो सरकार के अधीन मेरी उपयुक्तता या नियुक्ति को बाधित करती हों।

अभ्यर्थी के हस्ताक्षर:

तारीख:

स्थान:

कार्यालय द्वारा भरा जाए

- i) नियुक्ति प्राधिकारी का नाम, पदनाम और पूरा पता।

- ii) पद जिसके लिए उम्मीदवार पर विचार किया जा रहा है।

MEDICAL CERTIFICATE

I hereby certify that I have examined Shri/Smt/Km. _____
_____ a candidate for employment in the Ministry of Railways
(Railway Board) and cannot discover that he/she has any disease, communicable or
otherwise, constitutional weakness or bodily infirmity except
_____. I do not consider this a disqualification for
employment in the office of the Railway Board.

Shri/Smt/Km. _____'s age is
according to his/her own statement _____ years and by appearance
about _____ years.

**Attested
photograph to
be pasted.**

Left hand thumb and finger impressions:

Thumb	Fore finger	Middle finger	Ring finger	Little finger

Place: _____

Date: _____

Signature of the candidate _____

Signature of Civil Surgeon

Name: _____

Address: _____

Official Stamp _____

(Stamp should be spread over
form and the photograph)

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the Note below—

1. State your name in full (in block letters)
2. State your age and place of birth
3. (a) Have you ever had smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis?
Or
(b) Any other disease or accident requiring confinement to bed and medical or surgical Treatment ?
4. When were you last vaccinated?
5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?
6. Have you suffered from any form of nervousness due to overwork or any other cause?
7. Have you been examined and declared fit for Government Service by a Medical Officer/ Medical Board, within the last three years?
8. Furnish the following particulars concerning your Family:-

Father's age if living and state of health	Father's age at death and cause of death	No. of brothers living, their ages and state of health	No. of brothers dead, their ages at death and cause of death

Contd..

-:2:-

Mother's age if living and state of health	Mother's age at death and cause of death	No. of sisters living, their ages and state of health	No. of sisters dead, their ages at death and cause of death

I declare all the above answers to be, to the best of my belief, true and correct.

I also solemnly affirm that I have not received disability certificate/pension on account of any disease or other condition.

Candidate's Signature.....

Signed in my presence.....

Signature of Medical Officer.....

Note. - The candidate shall be held responsible for the accuracy of the above statement. By willfully suppressing any information, he will incur the risk of losing the appointment and, if appointed, or forfeiting all claim to superannuation allowance or gratuity.

Annexure-V

**CERTIFICATE TO BE SUBMITTED BY CENTRAL GOVERNMENT CIVILIAN EMPLOYEES
SEEKING AGE-RELAXATION**

(To be filled by the Head of the Office or Department in which the candidate is working).

It is certified that *Shri/Smt./Km. _____ is a Central Government Civilian employee holding the post of _____ in the pay scale of Rs. _____ with 3 years regular service in the grade as on closing date.

This office has no objection for his/ her appearing in the Multi Tasking (Non-Technical) Staff, and Havaladar (CBIC & CBN) Examination, _____.

Signature _____

Name _____

Office Seal

Place:

Date:

(*Please delete the words which are not applicable.)

Annexure-VI

CERTIFICATE FOR SERVING DEFENCE PERSONNEL

I hereby certify that, according to the information available with me (No.)
_____(Rank)_____(Name)_____ is due to
complete the specified term of his engagement with the Armed Forces on the (Date)
_____.

(Signature of Commanding Officer)

Office Seal

Place:

Date:

Annexure-VII

UNDERTAKING TO BE GIVEN BY AN EX-SERVICEMEN

I, bearing Roll No.....,
appearing for the Document Verification of the
Examination, 20....., do hereby undertake that:

- (a) I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen Re-employment in Central Civil Services and Posts Rules, 1979, as amended from time to time.
- (b) I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) on regular basis after availing of the benefits of reservation given to ex-serviceman for re-employment; or
- (c) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined ason..... in the office of I hereby undertake that I have submitted the self-declaration/ undertaking to my current employer about date wise detail of the application for the above mentioned examination for which I had applied for before joining the present civil employment; or
- (d) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined ason..... in the office of Therefore, I am eligible for age-relaxation only;

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature:
Name:
Roll Number:
Date:
Date of appointment in Armed Forces:
Date of Discharge:
Last Unit/ Corps:
Mobile Number:
Email ID:

Annexure-VIII**FORMAT FOR SC/ ST CERTIFICATE**

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his/ her claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the district in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India)

This is to certify that Shri/Shrimati/Kumari* _____ son/daughter of _____ of village/town* _____ in District/Division _____ of the State/ Union Territory* _____ belongs to the Caste/Tribes _____ which is recognized as a Scheduled Castes/ Scheduled Tribes* 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 Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (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 Order 1964@

The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @

The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@

The Constitution (Goa, Daman & 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 1991@

The Constitution (ST) orders (Second Amendment) Act, 1991@

The Constitution (ST) orders (Amendment) Ordinance 1996@
The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act 2002@
The Constitution (Scheduled Caste) Orders (Amendment) Act 2002@
The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act 2002@
The Constitution (Scheduled Caste) Order (Amendment) Act 2007@
%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/Shrimati _____ Father/mother _____ of
Shri/Srimati/Kumari* _____ of _____ village/town* _____ in
District/Division* _____ of _____ the _____ State/Union
Territory* _____ who belong to the _____
Caste/ Tribe which is recognized as a Scheduled Caste/ Scheduled Tribe in the State/Union Territory* issued
by the _____ dated _____.
%3. Shri/Shrimati/Kumari _____ and /or * his/ her family ordinarily reside(s) in
village/town* _____ of _____ District/Division*
_____ of the State/Union Territory of _____

Signature _____

** Designation _____

(with seal of office)

Place _____

Date _____

* Please delete the words which are not applicable

@ Please quote specific presidential order

% Delete the paragraph which is not applicable.

NOTE: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

** **List of authorities empowered to issue Caste/ Tribe Certificates:**

(i) District Magistrate/ Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Dy. Collector/ 1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Extra-Assistant Commissioner/ Taluka Magistrate/ Executive Magistrate.

(ii) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

Annexure-IX

**(FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS 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
recognized as a backward class under the Government of India, Ministry of Social Justice and
Empowerment's Resolution No. _____ dated _____.
Shri/Smt./Kumari _____ 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 Scheduled to the Government of India, Department of
Personnel & Training O.M. No. 36012/22/93-Estt (SCT) dated 8.9.1993**.

District Magistrate

Deputy Commissioner etc.

Dated:

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 is mentioned 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.

Annexure-X

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ PostOffice _____ District _____ in the State/ Union Territory _____ PinCode _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/ her 'family'** is below Rs. 8 Lakh (Rupees Eight Lakh only) for the financial year _____ His/ her family does not own or possess any of the following assets *** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III Residential plot of 100 sq. yards and above in notified municipalities;
- IV Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of
the applicant

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession etc.

** Note 2: The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/ her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Annexure-XI**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/YY) _____ 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 _____

(C) 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

Annexure-XII

Form - VI
Certificate of Disability
(In cases of multiple disabilities)
[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 we have carefully examined Shri/Smt./Kum.
 _____ son/wife/daughter of _____ Shri
 _____ Date of Birth (DD/MM/YY) _____ 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 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:

S. 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 : - ----- 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/after years months, and therefore this certificate shall be valid till ---- ---- ----

(DD) (MM) (YY)

@ 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.

Annexure-XIII

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: _____

This is to certify that I have carefully examined

Shri/Smt./Kum. _____ son/wife/daughter of Shri
 _____ Date of Birth (DD/MM/YY) _____

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 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:

S. 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/YY) _____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned
{Countersignature 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