

भारत सरकार GOVERNMENT OF INDIA रेल मंत्रालय MINISTRY OF RAILWAYS (रेलवे वोर्ड RAILWAY BOARD)



No. 2022/ERB-6/2/3

New Delhi, dated 28.11.2023

To

The Successful candidates of Stenographer Grade 'C' & 'D' Examination, 2022 nominated to the grade of Stenographer Grade 'D' of Railway Board Secretariat Stenographers' Service (RBSSS), Ministry of Railways (Railway Board). (As per the list attached)

Subject:

Stenographer Grade 'C' & 'D' Examination, 2022 – Intimation regarding pre–appointment formalities for the post of Stenographer Grade 'D' in Ministry of Railways (Railway Board).

Dear Candidates,

Congratulations on your success in the Stenographer Grade 'C' & 'D' Examination, 2022!

I am directed to say that you have been allocated Ministry of Railways (Railway Board) by Staff Selection Commission (SSC) on the basis of Stenographer Grade 'C' & 'D' Examination, 2022. 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.

- 2. SSC has nominated you for the appointment to Stenographer Grade 'D' of RBSSS on the basis of Stenographer Grade 'C' & 'D' Examination 2022 against the 46 reported vacancies. Dossiers of all the nominated candidates have been received in this Department as per the list attached. 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.
- 3. Your Document Verification (DV) will be conducted on provisional basis in Ministry of Railways (Railway Board), Room No.564/R, 5th Floor, Rail Bhawan, Raisina Road, New Delhi- 110001. The date and time of appearing for DV may be seen at Annexure-I. Candidates are advised to go through notice dated 20.08.2022 of Stenographer Grade 'C' & 'D' Examination, 2022 (issued by SSC) before appearing in DV.
- 4. All the successful candidates nominated for the post of Stenographer Grade 'D' are required to submit the following documents at the time of their DV:

- Willingness to join the post as per the given format (Annexure-II). (i)
- Four 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 (ii) attached (Annexure-III) and should carefully fill in the forms. No column in the Form should be left blank. The photograph pasted on all four 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 <u>not by tick mark ($\sqrt{\ }$)</u>. 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].

4.1	The candidate, wh	o in the point number 10 of	f the attestation for	orm indicate	s him/her
having	resided in Delhi s	should send soft copies of indicating the subject as	the following do	Cumente by	Cilian at
2022		; Rank	Ctoriog. upwar	_; prior to ı	eporting
for DV					

- One passport size photograph in JPEG format (less than 20kb) (a)
- One copy of photo identity proof in JPEG format (less than 200 kb) (any one (b) of the following)

	0,				
(i)	PAN card	(ii)	Driving License	(iii)	Voter ID
(iv)	Aadhar Card	(v)	Passport		

One copy of residential proof in JPEG format (less than 200 kb) (any one of (c) the following)

(i)	Passport	(ii)	Telephone/Electricity/PNG Bill	(iii)	Bank Passbook
(iv)	Voter ID	*	2 - 1 - 1	181	14. 发生

- The candidate must also bring the following documents (in original) for verification 4.2 (alongwith 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) Senior Secondary Diploma/Certificate and mark sheet.
 - (c) 12th standard or equivalent examination Certificate & mark sheet. (Date of declaration of result of the qualifying examination should be before the cutoff date of submission of application of Stenographer Grade 'C' & 'D' Examination 2022 failing which the certificates will not be accepted as valid proof of possessing the requisite educational qualification).

- (d) 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 2021-22 (01.04.2021 - 31.03.2022) and valid for the year for 2022-2023. It should be in conformity with Annexure X of the Notice.
- (e) 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. 36012/22/93-Estt(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 05.09.2022, the validity of non-creamy layer certificate issued during any month of the financial year 2022-23 covering 3 preceding financial years viz., 2019-20, 2020-2021 &2021-22 will be accepted at the time of DV.
- (f) Certificate in the format prescribed in the Notice (Annexure XI, XII and XIII of the Examination Notice) regarding category of Person with Benchmark Disability (PwBD).
- (g) Certificates in the format prescribed in the Notice viz., Discharge Certificate, Service Certificate, etc. in support of claim as Ex-Serviceman.
- (h) Certificate in the format prescribed in the Notice for seeking age relaxation as a Central Govt. Civilian employee.
- 4.3 Use of black ball point pen/gel pen is strictly prohibited during DV.
- 4.4 The candidates should also posses at least two latest photo-bearing identification proofs and address proofs such as Driving license, Voter card, Aadhar Card, Income Tax Pan Card and any other identity card issued by Government Deptts/Organization/University/College in original alongwith its self attested copy. The identity card issued by college/university should be current. Two recent color passport size photographs are to be brought for use at the time of DV.
- 5. 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 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

- 5.1 Further, candidates residing outside Delhi who wish to get their medical examination conducted in Delhi, may opt for the same in the willingness form. However, it may be noted that no TA/DA will be provided by the Department in such cases.
- 5.2 Candidates residing in Delhi and also candidates who opt to get their medical examination conducted in Delhi will be informed about their medical examination in due course through official communication (speed post/email).
- 5.3 For the candidate already in Government service, their Medical Examination Report must have been obtained at the time of their appointment. Therefore, their controlling authority may forward the <u>attested copies</u> of his/her Medical Examination Report on the strength of this letter 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.
- 5.4 In addition, character & antecedent verification must have been completed in respect of the candidates who are already in Government service. Thus, their controlling authority may also forward the <u>attested copies</u> of his/her Police Verification Report (along with Attestation Form) on the strength of this letter to the undersigned to enable this office to process his/her case of appointment.
- 6. 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 Stenographer Grade 'D' 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/Other documents.
- 7. 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.
- 8. 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.
- 9. 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/she should not be retained in service.

- 10. 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 Certificate:-The appointment will be provisional and subject to the due verification of income and asset certificate by this office.

Encl. as above.

Yours faithfully,

(Sushil Kumar Singh)
Deputy Secretary (Admin.)
Railway Board

Phone No. 011-47845573; 47845644 Email_ID:erb6564mor@gmail.com 1st Floor Room No. 110-C

NOTE:

- 1. Candidates may please note that further updates/information with regard to appointment to the post of Stenographer 'D' will be placed on the website of www.indianrailways.gov.in/railwayboard (About Indian Railways >Railway Board Directorates > Secretary Branches > ERB-VI > Stenographer 'D' (Group 'C'). They are, therefore, advised to regularly visit the website for updates.
- 2. Candidates should indicate their All India Rank of Stenographer Grade 'C' & 'D' Examination 2022 in all their correspondence with this Department, including in the subject of email.

9 750	2509	RANK	ed through Stenographer Grade NAME	Category	Category	
1 2201007468 SLV		SL\00049	ABHISHEK TANDON	Belong	Selected	
2	2201023278	SL\00072	MANU BAJAJ	SC	UR	
3	3005006098	SL\00108	RASHMI SAINI	EWS	UR	
4	3011006758	SL\00162	ABHISHEK RAJPUT	OBC	OBC	
5	3206019951	SL\00172	SURBHI KUMARI	UR	UR	
6	2003003612	SL\00244	MOHAMMAD MOHSIN	EWS	UR	
7	2201014582	SL\00279	AMAN CHAUBEY	OBC	UR	
8	2201043069	SL\00285	ATIN	UR	UR	
9	2209000280	SL\00308	JAIDEEP	UR	UR	
10	3009005940	SL\00319		UR	UR	
11	2201025601	SL\00353	NITIN KUMAR DWIVEDI	UR	UR	
12	2208000752	SL\00354	ADITYA ANTHWAL VIJAY TOMAR	UR	UR	
13	2201044253	SL\00356	ARHICHEK DANDEK	UR	UR	
14	2201048982	SL\00358	ABHISHEK PANDEY	UR	UR	
15	2209000804	SL\00367	MANISHA BOHRA	UR	UR	
16	3007001560	SL\00369	PRATEEK GULIA	UR	UR	
17	3010008184	SL\00309	SHUBHAM SRIVASTAVA	UR	UR	
18	2202000339	SL\00370	SANDEEP KUMAR	EWS	EWS	
19	2201051053	SL\00379	SHRUTI DHUAA	UR	UR	
20	2201056850	SL\00382	SURAJ PAL	OBC	UR	
21	2201027293		PRIYANKA	UR	UR	
22	3010014122	SL\00395	SHASHIBHUSHAN JHA	EWS	EWS	
23	3001002731	SL\00422	SURAJ PRATAP VERMA	OBC	OBC	
24	2405004784	SL\00439	VISHAL BAGHEL	OBC	OBC _	
25	6005000799	SL\00459	PRIYANKA RATHORE	EWS	EWS	
26	2201050315	SL\00465	SUCHI GUPTA	EWS	EWS	
20 27	2201030313	SL\00471	GAURAV KUMAR	OBC	OBC	
28	2201001230	SL\00491	DIVYANSHU KUMAR	OBC	OBC	
<u>20</u> 29	3010014999	SL\00515	JAIDEEP SINGH	OBC	OBC	
29 30	3013005070	SL\00530	DIVYANSH SINGH	OBC	OBC	
30 31	2201016825	SL\00540	ARVIND KUMAR	OBC	OBC	
31 32		SL\00588	ISHA VERMA	OBC	OBC	
	3010007503	SL\00612		OBC	OBC	
33	2201049463	SL\00627	SAURABH	OBC	OBC	
34	2201003551	SL\00636	ATUL KUMAR	OBC	OBC	
35	6005003142	SL\00645	HARSHITA OJHA	OBC	OBC	
36	3003003944	SL\00647	PRIYANKA SAHU	OBC	OBC	
37	2201025850	SL\00648	ANKIT KUMAR SINGH	OBC	OBC	
38	2201043196	SL\01041	KM MONIKA	OBC	VH	
39	2201001294	SL\01073	NITIN KUMAR	SC	SC	
40	2201003204	SL\02300	ALICE SMITA TOPPO	ST	ST	
41	2405006860	SL\03372	RAMKISHOR MEENA	ST	ST	
42	2402000070	SL\03393	VIKASH MAIHAR	ST	ST	
43	2006003728	SL\03433	KAPIL SINGH	OBC	VH	
44	2402002314	SL\03510	ASHISH TATU	ST	ST	
45	2405001157	SL\03514		ST	ST	
46	3005000843	SL\03738	SANDEEP KUMAR	UR	OH	

ANNEXURE - I

S.No.	ROLL	RANK	NAME	Region	DV Date	Reporting time
1	2201007468	SL\00049	ABHISHEK TANDON	NR	18.12.2023	09:00 am
2	2201023278	SL\00072	MANU BAJAJ	NR	18.12.2023	09:00 am
3	3005006098	SL\00108	RASHMI SAINI	CR	18.12.2023	09:00 am
4	3011006758	SL\00162	ABHISHEK RAJPUT	CR	18.12.2023	09:00 am
5	3206019951	SL\00172	SURBHI KUMARI	CR	18.12.2023	09:00 am
6	2003003612	SL\00244	MOHAMMAD MOHSIN	NR	18.12.2023	09:00 am
7	2201014582	SL\00279	AMAN CHAUBEY	NR	18.12.2023	09:00 am
8	2201043069	SL\00285	ATIN	NR	18.12.2023	09:00 am
9	2209000280	SL\00308	JAIDEEP	NR	18.12.2023	09:00 am
10	3009005940	SL\00319	NITIN KUMAR DWIVEDI	CR	18.12.2023	09:00 am
11	2201025601	SL\00353	ADITYA ANTHWAL	NR	18.12.2023	09:00 am
12	2208000752	SL\00354	VIJAY TOMAR	NR	18.12.2023	09:00 am
13	2201044253	SL\00356	ABHISHEK PANDEY	NR	19.12.2023	09:00 am
14	2201048982	SL\00358	MANISHA BOHRA	NR	19.12.2023	09:00 am
15	2209000804	SL\00367	PRATEEK GULIA	NR	19.12.2023	09:00 am
16	3007001560	SL\00369	SHUBHAM SRIVASTAVA	CR	19.12.2023	09:00 am
17	3010008184	SL\00370	SANDEEP KUMAR	CR	19.12.2023	09:00 am
18	2202000339	SL\00379	SHRUTI DHUAA	NR	19.12.2023	09:00 am
19	2201051053	SL\00382	SURAJ PAL	NR	19.12.2023	09:00 am
20	2201056850	SL\00383	PRIYANKA	NR	19.12.2023	09:00 am
21	2201027293	SL\00395	SHASHIBHUSHAN JHA	NR	19.12.2023	09:00 am
22	3010014122	SL\00422	SURAJ PRATAP VERMA	CR	20.12.2023	09:00 am
23	3001002731	SL\00439	VISHAL BAGHEL	CR	20.12.2023	09:00 am
24	2405004784	SL\00459	PRIYANKA RATHORE	NR	20.12.2023	09:00 am
25	6005000799	SL\00465	SUCHI GUPTA	MPR	20.12.2023	09:00 am
26	2201050315	SL\00471	GAURAV KUMAR	NR	20.12.2023	09:00 am
27	2201001256	SL\00491	DIVYANSHU KUMAR	NR	20.12.2023	09:00 am
28	2201002501	SL\00515	JAIDEEP SINGH	NR	20.12.2023	09:00 am
29	3010014999	SL\00530	DIVYANSH SINGH	CR	20.12.2023	09:00 am
30	3013005070	SL\00540	ARVIND KUMAR	CR	21.12.2023	09:00 am
31	2201016825	SL\00588	ISHA VERMA	NR	21.12.2023	09:00 am
32	3010007503	SL\00612	SHIVDEEP	CR	21.12.2023	09:00 am
-			CHAUDHARY			
33	2201049463	SL\00627	SAURABH	NR	21.12.2023	09:00 am
34	2201003551	SL\00636	ATUL KUMAR	NR	21.12.2023	09:00 am
35	6005003142	SL\00645	HARSHITA OJHA	MPR	21.12.2023	09:00 am
36	3003003944	SL\00647	PRIYANKA SAHU	CR	21.12.2023	09:00 am
37	2201025850	SL\00648	ANKIT KUMAR SINGH	NR	21.12.2023	09:00 am
38	2201043196	SL\01041	KM MONIKA	NR	22.12.2023	09:00 am
39	2201001294	SL\01073	NITIN KUMAR	NR	22.12.2023	09:00 am
40	2201003204	SL\02300	ALICE SMITA TOPPO	NR	22.12.2023	09:00 am
41	2405006860	SL\03372	RAMKISHOR MEENA	NR	22.12.2023	09:00 am
42	2402000070	SL\03393	VIKASH MAIHAR	NR	22.12.2023	09:00 am
43	2006003728	SL\03433	KAPIL SINGH	NR	22.12.2023	09:00 am
44	2402002314	SL\03510	ASHISH TATU	NR	22.12.2023	09:00 am
45	2405001157	SL\03514	RAJESH KUMAR MEENA	NR	22.12.2023	09:00 am
46	3005000843	SL\03738	SANDEEP KUMAR	CR	22.12.2023	09:00 am

To,

The Joint Secretary, Railway Board, Rail Bhavan, New Delhi.

Subject: Appointment to the post of Stenographer Grade 'D' in the Ministry of Railways (Railway Board) through Stenographer Grade 'C' & 'D' Examination, 2022- reg.

Sir,
I am to refer to letter No. 2022/ERB-6/2/3 dated of the Ministry of Railways (Railway Board) on the subject mentioned above and hereby convey my willingness/unwillingness* to join the post of Stenographer Grade 'D' in the Ministry of Railways (Railway Board).
2. Four sets of Attestation Form duly filled in my own handwriting, are also attached.*
3. My details (in brief) are as under: 1. Roll No. :
(only for candidates residing outside Delhi)
I(opt/do not opt) Delhi as the centre for my medical examination. Note:- No TA/DA will be provided.
Yours faithfully,
Date: Signature:

^{*}Strike off if not applicable.

ATTESTATION FORM

	Affix signed Passport size (5 cms. X 7 cms.) Approx. copy of recent photograph	2.	"WARNING The furnishing of false information suppression of any factual information the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the government. If detained, arrested prosecuted, boundown, fines convicted, debarred, acquitte etc. subsequent to the completion as submission of this form, the details should be communicated immediately to the authorities to whom the Attestation For has been sent early, failing which it will deemed to be a suppression of facture information.
		3.	If, the fact that false information has be furnished or that there has be suppression of any factual information the Attestation Form comes to notice at a time during the service of a person be services would be liable to be terminated.
1.(a)	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
1.(b)	Mobile No.		L
2.	Present Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town, pin code):		4
3.(a)	Home Address in full (i.e. Village, Thana & District, or House No., Lane/Street/Road and Town and name of District Headquarters, pin code)		
(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. (if available)		
5.	Permanent Account Number (PAN)		

6.	Nationality				1		
7.(a)	Date of Birth (i	in Christian era)					
(b)	Present age					30	
(c)	Age at Matricu	ulation					
8.(a)	Place of birth situated	, district and S	tate in which			7	
(b)	District and St	tate to which yo	u belong				
(c)	District and originally belo	State to which	your father				
9.(a)	Your Religion			\$7°			
(b)	Caste/Schedu	member of a uled Tribe/Othenswer Yes/No)					
10.	Particulars of year at a tim particulars of	places (with po	eceding five ye e you have resid	nce) where you hars. In case of stated for more than o	ay abroad (includ	ling Pakistan),	
From DD/MM/YYYY	To DD/MM/YYYY	Residential A (i.e. Village, TI or Hou	ddress in full hana & District se No.,	Name of the Dist mentioned in pred		er or the place	
		Lane/Street/Ro	oad & Town				
	wit 1						
		_	20 - 10 m				
				* 1 1			
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					300,	1 4	
b) Mother) 		
c) Spouse			v .				

					e con(c)	and/or daugh	iters in c	ase the	y are
12.							1 00.0	from	which
Name	Nationality by domicile	by birth & or	Place	ot birth	studying address	/living with ful	country	studying/living in the country mentioned in the previous column	
13.	Educationa 15 th year of	l Qualification	showing p	laces of	education	with years in So			
Name of So	_	(with full addr	ess)	Date of	Entering	Date of Leavin	ng Exam	ination P	assed
14.(a)	Semi-Gove	ernment or a	Quasi Go	vernmer	nt body or	an autonomou full particulars	is body or	a Public	Sector
Pe	eriod	Designation, nature of em	emolume	ents &	Full name employer	& address of	Reasons		leaving
From	То	Tiature or en					Previous		
	-								

14.(b)	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.									
	If you had left service on giving a month's notice under Rule 5 of the Central Ci Services (Temporary Service) Rules 1965, or any similar corresponding rules, we any disciplinary proceedings framed against you, or had you been called upon explain you 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?									
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	Yes/No							
	(d)	court of law) 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 institute 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							
15. (ii)		If the answer to any of the above mentioned question is 'Yes' give full p case/arrest/detention/fine/conviction/sentence/punishment etc and/or the case pending in the Court/University/Educational Authority etc at the time attestation form:								
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 the case may be	'Yes' or 'No' as							
16.	Name their	es of two responsible person of your locality or two references to whom you full address):	are known (with							
1.		2.								

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.

<u>Joint Secretary / Railway Board,</u> <u>M/o Railways, Rail Bhawan, Raisina Road, New Delhi – 110001.</u>

ii) Post for which the candidate is being considered.

Stenographer Grade 'D'.

MEDICAL CERTIFICATE

em; any	ployment in the	Ministry of Railwa nunicable or other	nined Shri/Smt./N ys (Railway Board wise, constitution	d) and ca ial weakn	nnot dis ess or l	cover the podily in	at he/sh firmity e	e has except
disc	qualification for e	mployment in the	office of the Railwa	ay Board.		1101 00		o u
			y appearance abo		s accor	ding to years.	his/her	own
Left	hand thumb and	I finger impression	ıs:		photog	tested graph to be asted.		
	Thumb	Forefinger	Middle-finger	Ring-	finger	Little	e-finger	
	Place: Date:		Ad	gnature o me: dress icial Seal				
	Signature of the	e candidate:						

CANDIDATE'S STATEMENT AND DECLARATION

(The candidate must make the following statement and must sign the declaration below it before the medical officer. Attention is specially invited to the WARNING in the Note* at the bottom of page 2.)

1.	Name in full (in BLOCK letters)	M-April 1977					
2.	Age and place of birth						
3.	Have you ever had (a) small-pox, intermit other fever, enlarge of glands, spitting attacks, rheumatism OR	ment suppuration of blood, fainting					
	(b) any other discr requiring confinement medical or surgical treat	t to hed and					
4.	When were you last vac	cinated?					
5.	Have you or any of yearflicted by consumption asthma, fits, epilepsy or	on, scrofula, gout,		•,			
6.	Have you suffered fr nervousness due to other cause?	om any form of overwork or any					
7.	Have you been examin for Govt. Service by Medical Board with years?	a medical officer					
8.	Furnish the following						
	Father's age, if living, & state of health	Father's age at time of death cause of death	the and	No. of broth living, their ages state of health		who ha	brothers ve died, a st death c of death
					,		
_							
6 %							ContdJ.

Mother's age, if living, & sixto of health	Mother's age at the time of death and cause of death	No. of alatera living, their ages and state of health	have died, their ages at death and cause of death

DECLARATION

I declare that all the above answers are true and correct to the best of my knowledge and belief. I also solemnly affirm that I have not received any disability certificate/ pension on account of any disease or other condition.

Date:_	•		Candidate's signature
		Signed in my presence.	
			Signature of Medical Officer
		N & Designa	lame:

Note: The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appeinted, of forfeiting all claims to superannuation allowance or gratuity.

(Please take back to back print)

Annexure-VIII

FORMAT FOR SC/ ST CERTIFICATE

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India

Thi	s is to certify that Shri	/ Shrimati /Kumari*			on/daughter of
111		of	village/	town/*	1
	District/Division*	of	the	State/Union	Territory*
		belongs to the		caste/ Tribes	* which is
	recognized as a Scheduled		es* unde	r:-	
	@The Constitution (Scheo @The Constitution (Scheo @The Constitution (Scheo @The Constitution (Scheo	duled Tribes) Order, 19 duled Castes) Union Te	50 erritories	Order, 1951 Order, 1951	
	[As amended by the Sche 1956, the Bombay Reorg the State of Himachal Pr 1971; the Scheduled Cas State of Mizoram Act, 1 Daman and Diu (Reorgan	ganization Act, 1960 & adesh Act 1970, the N stes and Scheduled Tri 986, the State of Arur	the Pun orth-East bes Orde	gab Reorganizati ern Area(Reorga r(Amendment)	anization) Act, Act, 1976, the
@The @The @The @The @The @The @The @The	e Constitution (Jammu & H. @The Constitution (An. 1959 as amended by (Amendment Act), 1976 Constitution (Dadra and It) Constitution (Dadra and It) Constitution (Pondicherry Constitution (Goa, Dama Constitution (Goa, Dama Constitution (Goa, Dama Constitution (Sikkim) Science Constitution (Sikkim) Science Constitution (Sikkim) Science Constitution (SC) orders Constitution (ST) orders Constitution (ST) orders Constitution (ST) orders Constitution (ST) orders Constitution (SC) orders Constitution (ST) orders Constitution (SC) orders Constitution (SC) orders Constitution (ST) orders Constitution (SC) orders	daman and Nicobar Is the Scheduled Caste 76. Nagar Haveli) Schedule Nagar Haveli) Scheduled Tribes Nagar Haveli) Schedule Nagar Haveli Nagar Haveli) Schedule Nagar Haveli Nagar	ed Castes and Second Tribes der 1964 order, 1964 order, 1970 order, 1978 order 1978 order 1978 order 1991 order, 1991 order, 1991 order, 1991 order, 1991 order, 1991 order, 1991 order 199	cheduled Tribes Scheduled Tribes Scheduled Tribes order 1962. Order 1962. 7 er, 1968 er 1968 er 1968	order, es order Orders
@ Th @Th	o Scheduled Castes and Sc	Chedules Tribes Orders Castes) Order (Amendr Scheduled Castes and 2002	nent) Act	eduled Tribes)	Orders

Proces

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

migrated from one otale	1 1 Cactes Scheduled 11	locs
the basi	s of the Scheduled Castos, 2	to
This certificate is issued on the basi	is of the Scheduled Castes/ Scheduled 11 issued Father/mother	of
certificate	issuedFather/mother	of
Shri/Shrimati*		the
Shri/Srimati/Kumari*	ct/Division*ot	uic
village/town*in District	ct/Division*ho belong to the Caste/Tribe* which	n is
State/Union Territory*w	ho belong to the Customer the State/U	nion
Schoduled Caste/So	Cilodai	
Territory* ofissued by	the	
	and /or * his/l	her family
%3. Shri/Shrimati/Kumari*	and	District/
ordinarily reside(s) in village/ town*	0101	
Division* of the State/ Union Territory* of	•	
Division of the State State 2		
	Signature	
	**D i-mation	
	**Designation(with sea	al of office)
	State/ Union	Territory*
	State/ Official	i i dilitory
Place		

Place:_____

- @ 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 Scheduled Caste/Scheduled Tribe

 Certificates:
- (i) District Magistrate/ Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Dy.Collector/ Ist Class Stipendiary Magistrate/ +Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner.
- + (not below of the rank of 1st Class Stipendiary Magistrate).
- (i) 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.
- (v) Administrator/ Secretary to Administrator/ Development Officer (Lakshadweep).

^{*}Please delete the words which are not applicable

Annexure-IX

(FORMAT 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 Govern Ministry of Social Justice and Empowerment's Resolution No. dated *. Shri/Smt./Kumari	eside(s) inState/Union persons/sections nment of India, dated 8.9.1993, 033/3/2004-Estt.
Signature Designation	s\$
Dated:	
Seal	

\$- List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled caste/ Scheduled Tribe Certificates.

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

^{*-} The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate's is mentioned as OBC.

^{**-} As amended from time to time.

wearie A.

Annexure-x	A	n	n	e	x	u	r	P	v
------------	---	---	---	---	---	---	---	----------	---

(NI - O A 11	rnment of	an cortificate)
(Name & Address of the	authority issuing tr	DUCED BY ECONOMICALLY
VEALED SECTIONS	IFICATE TO BE PRO	DUCED BY BEOMORMICALLY
ificate No.		Date
		Date
VALID F	OR THE YEAR	
s to certify that Shri/	Smt./Kumari	son/daughter/wife of
permanent	resident	of
. Villag	ze/Street Po	ost Office
District	in	the State/ Union
ory	Pin Code	Whose photograph
al income* of his/ her	Economically Weaks	er Sections, since the gross
Residential flat of 1000 s Residential plot of 100 s Residential plot of 200 notified municipalities.	sq. ft. and above; q. yards and above in sq. yards and abo	ove in areas other than the
easte which is not re	cophized as a School	longs to the duled Caste, Scheduled Tribe
Sig	nature with seal of C	Office
	Name	
	Design	nation
Passport size attested photograph of the applicant		
	(Name & Address of the NCOME & ASSEST CERT / VEAKER SECTIONS ificate No	(Name & Address of the authority issuing the NCOME & ASSEST CERTIFICATE TO BE PROVENCE SECTIONS discate No. VALID FOR THE YEAR

te 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.

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

C

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)

Certificate No.		attest (Sho	nt passport size ted photograph wing face only) of the on with disability.
registration No Ward/Village/Street	son/wife/daughter of Ageyears	Shri, , male/female _ ent of House	No
(A) he/she is a case of:			
(C) he/she has	v/uwai iisiii/niinaness in	relation to bear	//
2. The applicant has subm	itted the following docur	nent as proof of	residence:-
Nature of Document	Date of Issue	Details	of authority issuing certificate

(Signature and Seal of Authorised 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)]

[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.

Cer	tificate	No.			Date:
Thi	is is	to certify that			of Shri/MM/YY)
Aσ	e	years, male/female		,	
Re	gistratio	on No age/Street, whose photograph	permanent	resident of Hou	ise No.
Wa	ard/Villa	age/Street_	Post Office	Di	strictState
		, whose photograph	is affixed abo	ve, and am satisfic	ed that:
im	pairmer ue of th	nt/disability has been eva	duated as per ed) for the dis	guidelines (t of permanent physical number and date of low, and is shown against
	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			4.
	6.	Acid attack Victim			
Γ	7.	Low vision	#		
	8.	Blindness	#		
	9.	Deaf	£		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10.	Hard of Hearing	£		
	11.	Speech and Language disability			
1	12.	Intellectual Disability			
	13.	Specific Learning Disability			
	14.	Disorder			
r		Mental illness			2 1 4
T	16.	Chronic Neurological			

7.1	Conditions		
17.	Multiple sclerosis		
18.	Parkinson's disease		
19.			
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
		1

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name	Seal person	of	the

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

C vic					with disability
Certifica	te No.	Date:		_	
This is to Shri/Smt	certify that I have careft /Kum	ally examined			son/wife/daughter of Shri
			Date	of	Dial (DDAA)
	Age	vears, ma	le/female		Pagistration No.
	permanent	resident of H	Innse No		Ward/Village/Street
-	Post	Office	10430 110	Т	ward/vinage/Street
State	. W	hose photogra	nh is offine	^L	District
he/she i	s a case of	mese photogra	pii is attixed	1 abc	sability. His/her extent of luated as per guidelines
percentag	ge physical impairme	n+/-1:1 '1'.		_a	sability. His/her extent of
(nı	imber and date of issue	of the guidalin	nas been	eva	luated as per guidelines ed) and is shown against the
relevant of	disability in the table belo	or the guidelif	ies to be sp	eciti	ed) and is shown against the
	, and those ocit	, w.			
S. No	Disability	Affected	T 5:		
		part of body	Diagnosis		Permanent physical
		part of body			impairment/mental
1.	Locomotor disability	@			disability (in %)
2.	Muscular Dystrophy	<u> </u>			
3.	Leprosy cured				
4.	Cerebral Palsy				
5.	Acid attack Victim				
6.	Low vision	#			
7.	Deaf	E			
8.	Hard of Hearing	€			
9.	Speech and Language	е			
,	disability				
10.					
	Specific Learning				
	Disability				
12.	Autism Spectrum				
	Disorder				
13.	Mental illness				
	Chronic Neurological				V -
	Conditions				
15.	Multiple sclerosis				
16.	Parkinson's disease				3
17.	Haemophilia				
18.	Thalassemia				
19.	Sickle Cell disease				- S

(Please strike out the disabilities which are not applicable)

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

Reassessment of disability is:		
(i) not necessary, ormonths, and	therefore	this
III IS Iccommended are	1 11101000	
certificate shall be valid till (DD/MM/YY)		
@ - eg. Left/Right/both arms/legs		
# - eg. Single eye/both eyes		
€ - eg. Left/Right/both ears	• 11	
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