

Railway Recruitment Cell, South Eastern Railway, 11, Circular Garden Reach Road, Garden Reach ,Kolkata-70043 ( 033-2439-6943 –DOT (44094-R Email: cmrrcrailnet@gmail.com

#### Notice for the candidate appearing in Document Verification on 30.09.2024 & 01.10.2024

In reference to the notice issued on 19.09.2024 the venue has been changed and the candidates should report to the Office of the Chairman, Railway Recruitment Cell, 6th Floor of New Administrative Building South Eastern Railway, Garden Reach, Kolkata 700043. The call letter already downloaded for Date & Venue from the link provided will be applicable during Document Verification.

The candidate should bring the original testimonials and submit the same in a bunch as under:-

#### 1. Applicable for all candidates.

Copies of Educational Qualification certificates as per their application. The higher qualifications which are not mentioned in the application form, if submitted during DV will be collected. In case of CCAA candidates, if applied, as such NCVT/SCVT or equivalent/ the NAC granted by NCVT as on the closing date on online registration i.e. as on 12.04.2019 such certificate after 12.04.2019 should not be entertained. (All documents should be self attested).

- 2. Applicable for OBC (NCL) candidates applied as such:
  - a) Original Annexure-II which is OBC (NCL) certificate in prescribed format signed by Competent Authority may be submitted if the candidate is OBC(NCL) category as per application. This certificate should not be older than 01( One) Year from the date of DV.
  - b) If the candidate submits Annexure-II, further Original Annexure-II(A) to be signed by the candidate in prescribed format for Non-Creamy Layer declaration should also be collected.
- 3. Applicable for SC/ST candidates applied as such:-

Original Annexure-I in prescribed format for SC/ST candidates as per application issued by the Competent Authority may also be collected.

- 4. Applicable for EWS candidates applied as such:
  - a) Original Annexure-III, regarding Income & Asset certificate for EWS candidates issued by Competent Authority should not be older than 01( One) Year from the date of DV as per application may be collected.
  - b) Those EWS candidates who are submitting Annexure-III should submit Original Annexure-III (A) (Income Certificate for EBC) to be issued by Competent Authority.
- 5. Applicable for Minority Community candidates applied as such:-

Original Minority Community declaration in Non-judicial stamp paper to be submitted by the candidate Annexure-IV, if the candidate applied as Minority Community.

6. Applicable for PwBD candidates applied as such:-

The Disability/Medical Certificate if applied for PwBD candidate to be submitted in original as per Annexure-V(A), V(B), V(C) & V(D) as applicable.

7. Applicable for Ex-Servicemen candidates applied as such:-

For Ex-Servicemen if applied as such, the self attested copies of documents like Discharge certificate, PPO, Ex-Servicemen book, Identity card for Ex-Servicemen clearly mentioning the reason of discharge and other details may be collected, Original Self-declaration regarding Civil Employment by availing Ex-servicemen quota as per Annexure -VII, Defence Personnel within 01 (One) year from the closing date of online registration of application that is on/or before 12.04.2019.

Bannerry 25/9/24

- 8. Applicable for divorce/judicially separated women candidates applied as such:-Self attested copies of Decree of Divorce/Judicial separation from the Competent Court of Law and affidavit stating that the candidate has not re-married may be enclosed as documents for divorce/judicially separated women if applied as such.
- 9. Applicable for widow candidates applied as such:-Self attested copies of Death certificate of spouse and affidavit stating that the candidate has no re-married may be enclosed in case of widows if applied as such.
- Applicable for J&K domicile candidate:-Self attested copy of J&K domicile certificate (as applicable).

#### Applicable for all candidates.

- 11. Affidavit, for minor variation in name, father's name etc. if any in online application.
- Self attested copies of PAN card, AADHAR card, voter card or any other relevant certificate/testimonials, documents available with the candidates.

The copies of Annexures I, II, II(A), III, III(A), IV, V(A), V(B), V(C) V(D) & VII are enclosed as ready reference.

Encl: As above.

Chairman/Railway Recruitment Cel

South Eastern Railway

Annexure I

### FORM OF CASTE CERTIFICATE FOR SC/ST

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competent to issue Caste/Tribe Certificates.  1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / St.  1. District Magistrate / Additional District Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner. 2. Chief Class Stipendiary Magistrate / Sub-Divisional Magistrate / Presidency Magistrate. 3. Revenue Officers not below the rank of Tehsildar. 4. Sub-Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate. 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s).	% Delete the Paragraph, which is not applicable	meaning as in Section 20 of	the Representation of t	he People Act, 195	U.Ufficers
competent to issue Caste/Tribe Certificates.  1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / St.  1. District Magistrate / Additional District Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner. 2. Chief Class Stipendiary Magistrate / Sub-Divisional Magistrate / Presidency Magistrate. 3. Revenue Officers not below the rank of Tehsildar. 4. Sub-Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate. 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s).	Note: (a) The term "ordinarily reside(s) used field with the sertificates			10-1-0-11	actor / 1et
Class Stipendiary Magistrate / Sub-Divisional Magistrate / Presidency Magistrate . 3. Revenue Officers not below the rank of Tensident. 4. Sub-Presidency Magistrate / Additional Chief Presidency Magistrate . 3. Revenue Officers not below the rank of Tensident. 4. Sub-Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate / Scotting Sub-Presidency Magistrate / Scotting Sub-Presidency Magistrate / Presidency Magistrate / Pre	competent to issue Caste/Tribe Certificates.	eputy Commissioner / Addition	onal Deputy Commission	oner / Deputy Colle	2 Chief
Presidency Magistrate / Additional Chief Presidency and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetteed Officers of the Divisional Officer of the area where the candidate and / or his / her family normally reside(s).					
Divisional Officer of the area where the Canada by the District Magistrate concerned, 6. Administrator/ Secretary to Administrator (Laccadive, Central or of a State Government Countersigned by the District Magistrate concerned, 6.					
Central or of a State Government Countersigned by the	Presidency Magistrate / Additional Presidency Magistrate / Additional Officer of the area where the candidate and / or his / he	er family normally reside(s).	5. Certificates issued t	to Administrator (I	accadive,
Misicov and Admindivi Islands).	Divisional Officer of the Government Countersigned by the District	radistrate concerned b. At	ministrator Secretary	o numinous (	
		nagistrate concerned of the	•		

Annexure II

#### **OBC CERTIFICATE FORMAT**

## FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA

This		is	to	certify	that	60 00
Shri/Smt./k	Kumari				on/daughter of	:
				of	Village/Town	
		in District/	Division		in the	1
State/	Union	Territory		belongs	to the	!
		coi	mmunity whi	ch is recognised as a	Backward Class	
under the	Governmen	t of India, Ministry	of Social Just	stice and Empowerment's	Resolution No.	
			Dated	*.		
				and		
				District/Div		
				Territory. This is also		
				amy layer) mentioned in		
Schedule	to the Go	overnment of Ind	ia, Departm	ent of Personnel & Ti	aining OM No.	0.5
36012/22/	93-Estt(SCT	), dated 8.9.1993	and modified	vide Government of Indi	a, Department of	f
Personnel	and Trainin	g O.M.No.36033/1	/2013-Estt. (	Res) dated 27.05.2013 ar	nd 13.09.2017**.	
Date:				DISTRICT	MAGISTRATE /	ı
				DY. COMM	ISSIONER ETC.	
(Seal)						
* The auti	hority issui ent of India	ng the certificate , in which the cas	may have	to mention the details on didate as OBC.	of Resolution of	f
** As ame	nded from	time to time.				
Note: The	term "Ord	linarily" used her of the People Act,	re will have 1950.	the same meaning as	in Section 20 of	f

AnnexurellA

#### DECLARATION

Proforma for declaration to be submitted by Other Backward Class

Candidates at the time of document verification, who had applied for the

posts against Centralized Employment Notice No. RRC- 01/2019

resident of Village/Town/City district State						
hereby declare that I belong to the						
(indicate your sub caste) community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36012/22/93-Estt.(SCT) dated 08.09.1993. It is also declared that I do not belong to persons/sections (Creamy						
ayer) mentioned in column 3 of the Schedule to the above referred Office Memorandum ated 08.03.1993 and its subsequent revision through O.M.No.36033/1/2013-Estt. (Res) ated 27.05.2013 and 13.09.2017.						
Place: Signature of the Candidate						
Date: Name of the candidate						

AnnexureIII

Government of	
---------------	--

(Name & Address of the authority issuing the certificate)

## INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWS)

ECONOMICAL	LY WEAREN SECTIONS (2009)
Certificate No.	Date:
VALID FOR THE YEAR	
	permanent resident of Post,Village/Street in the State/Union Territory whose photograph is attested below belongs to gross annual income* of his/her "family"** is below Rs. 8lakh ar His/her family does not own or possess any of the
<ol> <li>5 acres of agricultural land and ab II. Residential flat of 1000 sq. ft. and III. Residential plot of 100 sq. yards a IV. Residential plot of 200 sq. yards</li> <li>Shri/Smt./Kumari recognized as a Scheduled Caste, Sc</li> </ol>	
111X	
	Signature with seal of Office Name Designation
Recent Passport size Attested Photograph of the Applicant	
*Note 1: Income covered all sources i.e. sala	ary, agriculture, business, profession, etc.
**Note 2:The term 'Family" for this purpose parents and siblings below the age of 18 y	e include the person, who seeks benefit of reservation, his/her years as also his/her spouse and children below the age of 18
years.  ***Note 3: The property held by a "Family' in while applying the land or p	in different locations or different places/cities have been clubbed roperty holding test to determine EWS status.

Annexurelli A

#### **Income Certificate for EBC**

Proforma for Waiver of Examination Fees to be submitted by Economically Backward Class(EBC) candidates at the time of document verification against Centralized Employment Notice No. RRC- 01/2019

1. Name of Candidate:		
2. Father's Name:		
3. Age:	<del>.,,</del>	
4. Residential Address:		
5. Annual Family Income (In words & Figures):		
Date:	Signature:	
	Name:	
Stamp of Issuing Authority:		
Note: Economically Backward Classes will m Rs 50,000/- per annum. The following authori	ean the candidates whose family inc ties are authorized to issue income of	come is less than certificates for the

purpose of identifying economically backward classes:

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

Annexure IV

#### **DECLARATION**

# Proforma for Waiver of Examination Fees to be submitted by Minority candidates at the time of Document Verification against Centralized Employment Notice No. RRC- 01/2019

	۹,				sc	on/d	aughte	er	of	Shri
	I,							e/	tow	n/city
		. distric								state
		hereby	declare	that	1	b	elong	t	0	the
		(indicate	minority	commun	nity	not	tified	by	C	entral
	Government i.e. Muslim / Sikh / Christian	n / Buddhis	st / Jain / Z	oroastria	ns (F	Parsi	s)			
	Pate:		s	ignature (	of the	e Ca	indida	te		
F	Place:		N	ame of th	ne Ca	andi	date			

Note: At the time of document verification such candidates claiming waiver of examination fee will be required to furnish 'Minority Community Declaration' affidavit on Non Judicial Stamp paper that he / she belongs to any of the minority community notified by Central Government (i.e. Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrians (Parsis).

#### FORM-V

### ANNEXURE V(A)

Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases 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

	* a		2
Certificate No.:			Date:
This is to certify that I ha	ve carefully examined		
			son/
			Date of Birth
1	Years, Male/Female		
Registration No		Permanent	Resident of House No.
Ward/Village/Street	· · · · · · · · · · · · · · · · · · ·	Post	Office
District			
	hotograph is affixed above, and	am satisfied	that:
(A) He/she is a case of:			
*Locomotor Disabili			
*Dwarfism			
*Blindness			
(Please tick as appl	icable)		
	er case is		
	% (in figure)		
			(part of body)
as per guidelines (to b			
	omitted the following document a	s proof of re	sidence:
Nature of Document	Date of Issue		f authority issuing certificate
Nature of Document	- Date of loads		, admining to a management
v v			
Signature/Thumb Impression of the person in whose favour disability certificate is issued	(Signature and Seal of Au	thorized Sig	natory of notified Medical Authority)

#### FORM-VI

# Certificate of Disability (In case of multiple disabilities) [See Rule 18(1)] (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

1.This is Of Shi Age	te No.:s to certify that we have carefully iyears, MalePermanent Resider	y examined Shri Date of e/Femalent of House	i/Smt./Kum so f Birth e No.	on/wife/daughter (DD/MM/ Registration Ward/Village	YYYY) Pr (Sh No. only)	ent Passport Size Attested notograph owing face of the person h disability
(A) He/s guidelin	She is a case of <b>Multiple Disabili</b> es (to be specified) for the disabil	ty. His/Her exten ities ticked below Affected Part	and showr	against the relevant disa	disability has been oblibility in the table be Physical Impairme	elow:
S. No.	Disability	of Body	Diagnosis	Mental	Disability (in%)	
1	Locomotors Disability	@				
2	Muscular Dystrophy					
3	Leprosy cured					
4	Dwarfism					
5	Cerebral Palsy					
6	Acid attack Victim					
7	Low Vision	#	8 8			
8	Blindness	#				
9	Deaf	£				
10	Hard of Hearing	£				
$\overline{}$	Speech and Language disabil	ity				
12	Intellectual Disability					
13	Specific Learning Disability	7		· ·		
14	Autism Spectrum Disorder					
15	Mental illness					
16	Chronic Neurological Condition	ns				
17	Multiple Sclerosis					
18	Parkinson's Disease				,	
19	Hemophilia					
20	Thalassemia					
21	Sickle Cell disease			a says		
(B)In ti	ne light of the above, his/her overa	all permanent phy	sical impai	rment as per guidelines (t	o be specified), is a	s follows:
<ol> <li>Th</li> <li>Re</li> <li>not</li> <li>ii) is re</li> </ol>	res:	ogressive/likely to	o improve/n	ot likely to improve.		alid till
@ e.g. L	eft/Right/both arms/legs; # e.g Sin	ngle eye/both eye				
		ate of issue	2. 100.001100	Details of authority issuing	certificate	
nature	of Document			_ state of decising ideality		$\neg$
5. Sign	ature and seal of the Medical Authorit	у		, ,		
Nome	and seal of Member	ame and seal of M	ember	Name and seal of the Ch	airperson	
	ure/Thumb impression				•	
	person in whose favour					
	ity certificate is issued					
disabil	ty certificate is issued					

ANNEXURE V(C)

#### FORM-VII

Certificate of <u>Disability</u>
(In cases other than those mentioned in Forms V and VI)
[See Rule 18(1)]
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

1.This is Of Shri.	te Nos to certify that we have carefully	examined Shri/Si	son/ h	wife/dau	ughter (DD/MM/YYYY)	Recent Passport Size Attested Photograph (Showing face
Age	years, Male/Female nt of House No Ward	R	egistration	No.	Permanent	only) of the
affixed a	above and I am satisfied that He	She is a case of			Disability. His/Her	
extent o	of permanent physical impairment	disability has be	en evalua	ted as p	er guidelines (to be specified)	
for the c	disabilities ticked below and show		T	oility in t		
		Affected Part	1		Permanent Physical Impa	
S. No.	Disability	of Body	Diagnosis	3	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 disabilit	у				
10	Intellectual Disability					
11	Specific Learning Disability					
12	Autism Spectrum Disorder		37			
13	Mental illness					
14	Chronic Neurological Condition	s	9			
15	Multiple Sclerosis					
16	Parkinson's Disease					
17	Haemophilia					
18	Thalassemia			*		
19	Sickle Cell disease					
(B)In th	e light of the above, his/her over	all permanent ph	ysical imp	airment	as per guidelines (to be specifie	ed), is as follows:
2. This 3. Reas i) not n ii) is rec	In figures:					
@ e.g. Le	eft/Right/both arms/legs; # e.g Si	ngle eye/both eye	s; £e.g. Le	eft/Right	/both ears	
	applicant has submitted the follow	ving document as	s proof of r			
Nature	of Document D	ate of issue		Deta	ails of authority issuing certificate	е
Co	ountersigned[(Countersignature a	and seal of the CM	MO/Medica	al dificate	(Authorised Signatory of noti	fied Medical
is issued	Supdt.)Superintendent/Head of Government Hospital in case the certificate is issued by a medical authority who is not a government servant (with seal)]  (Authorised Signatory of notified Medical Authority) (Name and Seal)					
	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. The principal rules were published in the Gazette of India vide notification number S.O. 908(E),dated the 31 <sup>st</sup> December, 1996.					

Annexure V(D)

#### LETTER OF UNDERTAKING FOR USING SCRIBE

NOTE: Candidates who are Visually Impaired(VI)/candidates whose writing speed is affected by Cerebral Palsy /muscular dystrophy/ candidates with locomotor disability (one arm)/Intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

#### PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1.	ame of the Candidate		Paste here recent colour
2.	Roll No		Passport Size
3.	Name of CBT Center		Photograph of the
4.	Qualification of Candidate		SCRIBE of size 3.5 cmx
5.	Disability Type		4.5cm (The colour
6.	Name of the Scribe		photograph should not
7.	Date of Birth of the Scribe		be more than 3 months
8.	Father's Name of the Scribe		old.
9.	Address of the Scribe :		
	(a) Permanent Address		Signature of SCRIBE
			in the above box below the photograph
	4.5		
	(b) Present Address		
10.			
11.	Relationship, if any, of the Scribe to the C		
12.	DECLARATION: i) We hereby declare that the particulars full and belief. We have read/ been read out conduct of the candidates assisted by Scrithem. ii) We declare that the Scribe himself/hers case it is found otherwise the candidature of iii) We declare that the scribe has not acted	t the instructions of the Railw be/Scribes at this examination elf is not a candidate in this ex of both of us will be rejected.	yay Recruitment Board regarding and hereby undertake to abide by camination. We understand that in
	(Signature of the Candidate)	(Signatur	e of the Scribe)
	t thumb impression of the ndidate in the box given above		nb impression of the the box given above
	Signature	of the Invigilator	

#### **Annexure VII**

## DECLARATION TO BE SUBMITTED BY EX-SERVICEMEN CANDIDATES REGARDING CIVIL EMPLOYMENT BY AVAILING EX-SERVICEMEN QUOTA.

I understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-Servicemen in regard to the recruitment covered by this Centralized Employment Notice (CEN), if I have at any time prior to such appointment, secured any employment on the civil side(including Public Sector Undertaking, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.), by availing of the concession of reservation of vacancies admissible to Ex-servicemen.

#### I also hereby declare the following facts:

- a) I have not secured any civil employment by availing Ex- Servicemen quota, before attending for document verification for the posts of CEN RRC-01/2019
- b) I have availed Ex-Servicemen quota for securing civil employment and I have given self-declaration/undertaking to my employer about the details of application(s) for various vacancies notified in CEN RRC-01/2019 for which I have applied for, before joining the civil employment. Certificate for submission of self-declaration/undertaking from the present Employer is enclosed.

(Strikeout whichever is not applicable)

Place:	Signature:
Date:	Name:
Roll No:	