



Railway Recruitment Cell,
South Eastern Railway,
11, Circular Garden Reach Road,
Garden Reach, Kolkata-70043
t 033-2439-6943 –DOT t44094-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.**

B. S. Sanyal
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.

10. 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.

12. 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 Cell
South Eastern Railway

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/ Srimati/ Kumari* son/daughter* of
 of
 District/Division* of
 the State/Union Territory* belongs to the
 Caste*/Tribe which is recognised as a Scheduled Caste / Scheduled Tribe under:-

- *The Constitution Scheduled Castes Order 1950.
 - *The Constitution Scheduled Tribes Order 1950.
 - *The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order 1951;
 - *The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order 1951;
 - [As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order 1956, the Bombay Re-organisation Act 1960, the Punjab Re- organisation Act 1966, the State of Himachal Pradesh Act 1970, the North Eastern Areas (Re-organisation) Act 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act 1976]
 - *The Constitution (Jammu and Kashmir)* Scheduled Castes Orders, 1956
 - *The Constitution (Andaman and Nicobar Islands)* Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled *Tribes Orders (Amendment) Act, 1976
 - *The Constitution (Dadra and Nagar Haveli)* Scheduled Castes Order, 1962.
 - *The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962
 - *The Constitution (Pondicherry) Scheduled Castes Orders, 1964
 - *The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
 - *The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
 - *The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
 - *The Constitution (Nagaland) Scheduled Tribes Order, 1970.
 - *The Constitution (Sikkim) Scheduled Castes Order, 1978
 - *The Constitution (Sikkim) Scheduled Tribes Order, 1978
 - *The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.
 - *The Constitution (SC) Orders (Amendment) Act, 1990
 - *The Constitution (ST) Orders (Amendment) Ordinance Act, 1991
 - *The Constitution (ST) Orders (Amendment) Ordinance Act, 1996
 - *The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002
 - *The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.
 - *The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.
2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes Certificate issued to Shri/Srimati* father/mother* of
 Shri/Srimati/Kumari* of Village/ Town*
 in District/Division* of the
 State/Union Territory* who belongs to the Caste*/Tribe which is recognised as a Scheduled Caste/ Scheduled Tribe in the Station/ Union Territory* issued by the dated

3. Shri/Srimati/Kumari* and /or* his/her* family ordinarily resides in Village/Town*
 District/ Division* of the State/ Union Territory*
 of

Place.....
 Date.....

Signature.....
 Designation.....
 (with seal of Office)
 State/ Union Territory.....

* Please delete the words which are not applicable.

@ Please quote the specific presidential order.

% Delete the Paragraph, which is not applicable

Note: (a) The term "ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates.

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner. 2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate. 3. Revenue Officers not below the rank of Tehsildar. 4. Sub-Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetted Officers of the Central or of a State Government Countersigned by the District Magistrate concerned. 6. Administrator/ Secretary to Administrator (Laccadive, Minicoy and Admindivi Islands).

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

This is to certify that
 Shri/Smt./Kumari.....son/daughter of
 of Village/Town
in District/ Division in the
 State/ Union Territory..... belongs to the
 community which is recognised as a Backward Class
 under the Government of India, Ministry of Social Justice and Empowerment's Resolution No.
 Dated.....*

Shri/Smt./Kum.* and/or his/her family
 ordinarily reside(s) in the.....District/Division of the
State/Union Territory. This is also to certify that
 he/she does not belong to the persons/sections (Creamy layer) mentioned in column 3 (of the
 Schedule to the Government of India, Department of Personnel & Training OM No.
 36012/22/93-Estt(SCT), dated 8.9.1993 and modified vide Government of India, Department of
 Personnel and Training O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013 and 13.09.2017**.

Date:

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

(Seal)

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate as OBC.

** As amended from time to time.

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

DECLARATION**AnnexureIIA**

**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**

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

Place:

Signature of the Candidate

Date:

Name of the candidate

Government of _____

(Name & Address of the authority issuing the certificate)

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

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of
 _____ permanent resident of
 _____, Village/Street _____ Post
 Office _____ District _____ in the State/Union Territory
 _____ Pin Code _____ whose photograph is attested below belongs to
 Economically Weaker Sections, since the gross annual income* of his/her "family"*** is below Rs. 8lakh
 (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.

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:
4. Residential Address:
5. Annual Family Income (In words & Figures):

Date:

Signature:

Name:

Stamp of Issuing Authority:

Note: Economically Backward Classes will mean the candidates whose family income is less than Rs 50,000/- per annum. The following authorities are authorized to issue income certificates for the purpose of 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.

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**

"I,.....son/daughter of Shri
..... resident of village/ town/city
..... district state
..... hereby declare that I belong to the
..... (indicate minority community notified by Central
Government i.e. Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrians (Parsis))

Date:

Signature of the Candidate

Place:

Name of the Candidate

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

FORM-V

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

Certificate No.: Date:

This is to certify that I have carefully examined

Shri/Smt/Kum.....son/

wife/ daughter of Shri..... Date of Birth

(DD/MM/YYYY) Age..... Years, Male/Female.....

Registration No. Permanent Resident of House No.

.....

Ward/Village/Street..... Post Office.....

District.....

State....., whose photograph is affixed above, and am satisfied that:

(A) He/she is a case of:

*Locomotor Disability

*Dwarfism

*Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is

(1) He/She has% (in figure)..... percent (in words) permanent
locomotor disability/dwarfism/blindness in relation to his/her (part of body)
as per guidelines (to be specified).

(2) The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

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

(Signature and Seal of Authorized Signatory 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)

Certificate No.: Date:

1. This is to certify that we have carefully examined Shri/Smt./Kum

.....son/wife/daughter

Of Shri.....Date of Birth.....(DD/MM/YYYY)

Age.....years, Male/Female.....Registration No.

.....Permanent Resident of House No. Ward/Village/Street

.....whose photograph is affixed above and are satisfied that:

Recent Passport
Size
Attested
Photograph
(Showing face
only) of the person
with disability

(A) He/She is a case of **Multiple Disability**. His/Her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/ 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	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	Hemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her overall permanent physical impairment as per 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/afterYearmonths, and therefore this certificate shall be valid till
.....(DD/MM/YYYY)

@ e.g. Left/Right/both arms/legs; # e.g. Single eye/both eyes; £e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of issue	Details of authority issuing certificate

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
disability certificate is issued

Certificate of Disability
(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)

Certificate No.: Date:

1. This is to certify that we have carefully examined Shri/Smt./Kum

.....son/wife/daughter

Of Shri..... Date of Birth.....(DD/MM/YYYY)

Ageyears, Male/Female.....Registration No.Permanent

Resident of House No. Ward/Village/Streetwhose photograph is

affixed above and I am satisfied that He/She is a case ofDisability. His/Her

extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified)

for the disabilities ticked below and shown against the relevant disability in the table below:

Recent Passport
Size
Attested
Photograph
(Showing face
only) of the
person

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			

(B) In the light of the above, his/her over all permanent physical impairment as per 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/afterYearmonths, and therefore this certificate shall be valid till

.....(DD/MM/YYYY)

@ e.g. Left/Right/both arms/legs; # e.g. Single eye/both eyes; £e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of issue	Details of authority issuing certificate

<p>Countersigned[(Countersignature and seal of the CMO/Medical Supdt.)Superintendent/Head of Government Hospital in case the certificate is issued by a medical authority who is not a government servant (with seal)]</p>	<p>(Authorised Signatory of notified Medical Authority) (Name and Seal)</p>
--	---

Signature/Thumb impression of the person in whose favour disability certificate 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. The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

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. Name of the Candidate
- 2. Roll No
- 3. Name of CBT Center
- 4. Qualification of Candidate
- 5. Disability Type
- 6. Name of the Scribe
- 7. Date of Birth of the Scribe
- 8. Father's Name of the Scribe
- 9. Address of the Scribe :
 - (a) Permanent Address
 -
 - (b) Present Address
 -
- 10. Educational Qualification of the Scribe
-
-
- 11. Relationship, if any, of the Scribe to the Candidate

Paste here recent colour
Passport Size
Photograph of the
SCRIBE of size 3.5 cmx
4.5cm (The colour
photograph should not
be more than 3 months
old.

Signature of SCRIBE
in the above box below the
photograph

12. DECLARATION:

- i) We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/ been read out the instructions of the Railway Recruitment Board regarding conduct of the candidates assisted by Scribe/Scribes at this examination and hereby undertake to abide by them.
- ii) We declare that the Scribe himself/herself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.
- iii) We declare that the scribe has not acted/will not act as Scribe to any other candidate of this examination.

(Signature of the Candidate)

Left thumb impression of the Candidate in the box given above

(Signature of the Scribe)

Left thumb impression of the Scribe in 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: