



SOUTHERN RAILWAY

Application Reg.No

Application Serial No

Application Form for engagement of Act /Trade Apprentice under the Apprentices Act.1961

(Note: Please read the instructions carefully before filling up the application)

Application for EX.ITI
(Tick Mark)

Application for Fresher
(Tick Mark)

Paste recent passport size
photo (3.5cmX3.5cm) not
earlier than 3 months
from the date of
application with clear
front view without cap
and sunglass
**Should be attested by
Gazetted officer**

1	Name (in Block letter) (As in Matriculation certificate)	
2	Name of Father/Mother/Husband (As in Matriculation certificate)	
3	Full Postal Address (in block letters)	District: State : Pin code: Mobile No :
4	Aadhaar No (Proof to be enclosed)	
5	Gender (Male /Female)	
6	Date of birth(in Christian era) & Age as applying	/
7	Religion (Hindu/Muslim/Christian/others)	
8	Community : General/OBC/SC/ST (Attached certificate in case of OBC/SC/ST) OBCCertificate should not be older than one year from the date of closure ofthe Employment Notice with contain Non creamy layer clause)	
9	Whether Physically Challenged(Yes/No) if yes details	

Educational Qualification for Act Apprentices (Ex. ITI candidates)

Academic *8 th / 10 th Std	Total Mark out of	% of marks	Duration of Course	Name of the institution
	/			
Applying Trade (studied in ITI)	Total Mark out of	% of marks	Duration of Course	Name of the institution
	/			

(*8th std may be considered against Welder/Painter/carpenter/Wireman Trades only the sufficient candidates had not applied at 10th std)

Educational Qualification for Trade Apprentices (Fresher to the Trade of Fitter)

Academic Qualification (10 th Std)	Total Mark out of	% of marks	Duration of Course	Name of the institution
	/			

Educational Qualification for Trade Apprentices (Fresher to the Trade of Radiology /Pathology)

Mark secured in 12 th Std (Physics, Chemistry and Biology Subject) out of	% of marks	Name of the institution	Applying Trade Radiology / Pathology
/			

10	Whether enrolled as Apprentice earlier(Yes/No)	
11	Postal Order No & date for the amount of `100 (Exemption SC/ST/PH/Women candidates)	Reason for exemption:
12	Personal Identification marks (as given in Transfer certificate)	1) 2)
13	Whether the wards of serving employee (yes or no) if yes fulfill the format annexed	
14	Ex-Servicemen (Yes or No)	
15	List of documents enclosed with Gazetted officer attestation	

Declaration of the candidate

I do hereby declare that all the statements made in the application 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 or in case any ineligibility is detected before, during or after document verification my candidate will stand cancelled and all claims for engagement forfeited.

Signature of candidate (not in capital/Spaced out letter)	Left hand thumb impression	Date:
		Place:

Check list (Office Use only)

Details	Yes	No
Application is in the prescribed format		
Photo attestation by Gazetted officer		
Candidate signature in the application form		
Proof enclosed for Date of Birth ,Community, Academic Qualification and Technical qualification (Attested by Gazetted officer)		
Crossed Postal order enclosed (General/OBC)		

Grounds of rejection pertaining to applicants

1	Applications, which are not submitted in format given	
2	Coloured Photograph as prescribed not pasted on the application/without photo Attested by Gazetted officer	
3	Not signed /incompletely signed/illegible signed application/incomplete or illegible application/application signed with capital/spaced out letters	
4	Under - age or Over – age, Date of birth not filled or wrongly filled	
5	Crossed postal order not enclosed,less fees enclosed, invalid IPO, IPO purchased before date of issue of notification and after closing/ other than IPO/less	
6	Copy of OBC/SC/ST community certificate not enclosed belonging to the respective categories	
7	Left & right thumb impression not submitted/blurred/smudged/only left or right thumb impression submitted and Identification marks column not filled up	
8	Non-enclosure of certificate/without Gazetted officer attestation on certificates/No proof enclosed (8 th /10 th 12 th Mark sheet/ ITI mark sheet /Provisional certificate issued by NCVT/SCVT)	
9	Not applied against trade mentioned on notification / irrelevant trade	
10	Not possessing the prescribed % of mark (10 th /12 th ITI) 50% UR/OBC	
11	Polytechnic, Diploma and Degree Graduate holders	
12	More than one application in single envelop/ double or multiple applications	
13	Any wrong information entered in application form/ Non-compliance of any other instruction/requirement/ Addressed to other unit	
14	Application received before the date of publication of notification and application received after the closing date of notification	
15		

Eligible
(Tick Mark)

Ineligible
(Tick Mark)

Committee Member-1

Committee Member-2

Committee Member-3

Conduct certificate

This is to certify that Shri-----

S/o ----- is known to me for the last ----- years

his/her conduct and character are -----

Signature:

Name

Designation with rubber stamp

Certification (for wards of serving Railway employees)

This is to certify that Mr./Mrs _____ Father/Mother/Husband of

Shri/Smt _____ is working as _____ in

Date:

Office Seal:

Designation:

Signature of the supervisory official

Name :

(Note: The wards of serving Railway employees should get the above certification from their immediate supervisor)

Form-II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP size
Attested
photograph
(showing face
only) on 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 _____ Age _____ years, male/female _____
 (DD / MM / YY) 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 Blindness (Please tick as applicable)

(B) The diagnosis in his/her case is

(A) He/she has % (in figure).....percent (in words) permanent physical impairment/blindness in relation to his/her..... (part of body) as per guidelines (to be specified).

2.The applicant has submitted the following documents 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 disability certificate is issued

Form-III
Disability Certificate

(In cases of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size Attested photograph (showing face only) on 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 are 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 (to be Specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

Sl. No	Disability	Affected part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	\$		
5	Mental retardation	X		
6	Mental-illness	X		

(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 / 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/both eyes.

\$ e.g.: Left/Right/both ears.

4. The applicant has submitted 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 Member

Chairperson

*

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

Form-IV**Disability Certificate**

(In cases other than those mentioned in Forms-II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size Attested photograph (showing face only) on 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 (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	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	\$		
5	Mental retardation	X		
6	Mental-illness	X		

(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)

@ e.g. Left/Right/both arms/legs

e.g. Single eye/both eyes.

\$ e.g.: Left/Right/both ears.

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

Nature of Document	Date of issue	Details of authority issuing certificate.

(Authorized Signatory of notified Medical Authority)

(Name and Seal)

{Countersignature and seal
of the CMO/Medical Superintendent/
Head of Government Hospital, in
case the certificate is issued by a
medical authority who is not a
servant government (with seal)}

*

*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.

Note: The principal rules were published in the Gazette of India vide notification number S.O.908 (E) dated the 31st December, 1996.

Annexure-VI

NAME & ADDRESS OF THE INSTITUTE /HOSPITAL DISABILITY CERTIFICATE

Certificate No.....

1.This is certified that Smt./Shri Kum*..... son/daughter of Shri..... age.....sex Male/Female having identification marks as below is suffering from permanent disability of following category:

- A. Locomotor or cerebral palsy:
 - (i)BL-Both legs affected but not arms.
 - (ii)BA-Both arms affected:
 - (a)Impaired reach (b) Weakness of grip
 - (iii)OL-One leg affected (right or left)
 - (a)Impaired reach (b) Weakness of grip (c)Ataxic
 - (iv)OA-One arm affected (right or left)
 - (a)Impaired reach (b)Weakness of grip (c)Ataxic
 - (v)BH-Stiff back and hips(cannot sit of stoop)
 - (vi)MW-Muscular weakness and limited physical endurance.
 - B. Blindness or Low Vision: (i) B-Blind (ii)PB-Partially Blind
 - C. Hearing Impairment: (i) D-Deaf (ii)PD-Partially Deaf
- (Delete the category whichever is not applicable)

Paste here your recent coloru photo showing the disability(The photograph should be attested by the chairperson of the Medical Boar

* Signature of candidate

2. This is certified that Smt./Shri/Kumari being unable to perform the Typing Skill Test because of his/her physical disability i.e. (indicate the category whichever is applicable) may be exempted from Typing Skill Test.

3. This condition is progressive/non-progressive/likely to improve/not likely to improve. Reassessment of this case is not recommended/is recommended after a period of.....years.....months.

4. Percentage of disability in his/her case is%

5. Smt./Shri/kum.....meets the following physical requirement for:

- i. F-Can perform work by manipulating with fing Yes No
- ii. PP-Can perform work by pulling and pushing Yes No
- iii. L-Can perform work by lifting Yes No
- iv. KC-Can perform work by kneeling and crouching Yes No
- v. B-Can perform work by bending Yes No
- vi. S-Can perform work by sitting YesNo
- vii. ST-Can perform work by standing YesNo
- viii. W-Can perform work by walking Yes No
- ix. SE-Can perform work by Seeing Yes No
- x. H-Can perform work by hearing/speaking Yes No
- xi. RW-Can perform work by reading and writing Yes No

Signature of Doctor) Name: Registration No. Member, Medical Board	Signature of Doctor) Name: Registration No. Member, Medical Board	Signature of Doctor) Name: Registration No. Member, Medical Board

*Please delete the words which are not applicable

Place:

Date: _____ Counter signature of the Medical Superintendent/ CMD/ _____ Head of Hospital (with seal)

Note: (1) According to the Persons with Disabilities (Equal Opportunities, Protection of Right and Full Participation) Rules, 1966 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-Section (1) and (2) of section 73 of the Persons with disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of whom at least one shall be a specialist in the particular field for assessing the locomotor/hearing and speech/Visual disability. (ii) The certificate would be valid for a period of 5 years of those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as 'permanent.