

**APPLICATION FOR APPRENTICESHIP TRAINING UNDER THE APPRENTICES ACT 1961
IN SOUTH CENTRAL RAILWAY VIDE NOTIFICATION NO. SCR/P-HQ/111/Act. App/2018 DATED 18.06.2018**

Leaving any column blank in the application form will lead to rejection

1. **Trade for which applied**
(in capital letters)
2. **Name of Candidate:**
(in capital letters as mentioned in SSC)
3. **Father's name:**
(in capital letters only)
4. **Date of Birth: (DD/MM/YYYY):**
5. **Community: (Tick✓):** SC ST OBC UR
6. **Are you undergoing Apprenticeship Training in any organization (Tick✓):** Yes () No ()
7. **Are you Physically Disabled (Tick✓):** VH HH OH
8. **Address for communication (in capital letters):**

Paste (do not pin or staple)
here your recent colour
passport size photo

(Two identical photos in
separate cover may also be
stitched to the application).

State: <input type="text"/> Pin Code: <input type="text"/>	9	Nationality	<input type="text"/>
	10	Sex (Male/Female)	<input type="text"/>
	11	Mobile No.	<input type="text"/>
	12	Adhaar Number	<input type="text"/>

13. **Visible Marks of Identification:**
(moles, etc on your body)

1.	<input type="text"/>
2.	<input type="text"/>

14. **Educational Qualification:**

Qualification	Board	Year of Passing	Total Marks	Marks Secured	Marks % or GPA
SSC/10 th class					

15. **Technical Qualification:**

Qualification	Trade	Board	Year of Passing	Total Marks	Marks Secured	Marks %
ITI						

Note: Candidates are advised to fill marks secured in SSC and ITI (aggregate) correctly; any discrepancy will lead to rejection.

16. **Details of IPO/Demand Draft enclosed with the application:** (Processing fee of ₹ 100/- to be paid in the form of IPO/Demand Draft only)
17. **Are you seeking fees exemption? If any tick✓ appropriate box**

Name of the post office/Bank	Serial Number & Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>

SC	ST	Female	Person with Disability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(if applicable only)			

18. **List of Documents enclosed:** (fill in the details of the copies of certificates/documents enclosed).

i)	iii)	v)
ii)	iv)	vi)

19. **Declaration by the candidate:**

I hereby declare that all the particulars given above by me are true to the best of my knowledge. I am aware that in the event of any information furnished by me is found false / incorrect at any stage my candidature/Apprenticeship will be cancelled/terminated without any notice. I will abide by the instructions given in the notification. I also understand fully that the obligation under Apprentice Act, 1961 on the part of Railway is to provide me training only in the allotted trade and not to absorb/provide with employment in the Railway on completion of my training and thus I have no claim at all for employment and shall never make a claim for employment in the Railway on this account.

Signature of the candidate	Left hand Thumb Impression	Date: <input type="text"/>
		Place: <input type="text"/>

Forwarded by (Name and address of the institution/office) _____
_____ on _____

Signature of forwarding officer/Organization
(with office seal)

FORM OF CASTE CERTIFICATE FOR SC/ST

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

This is to certify that Shri /Shrimati/Kumari*
son/daughter* of of Village / Town*in
District/Division* of 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) Order. 1950

The Constitution (Scheduled Tribes) (Union Territories) 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 and the North Eastern Area (Re-organisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders.(Amendment) Act, 1976)

The Constitution (Jammu & Kashmir) Scheduled Castes order. 1956.

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 @ as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment)Act, 1976.

The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962.

The Constitution (Dadra and Nagar Haveli) Scheduled Tribes. Order. 1962@

The Constitution (Pondicherry) Scheduled Castes Orders, 1964@

The Constitution (Scheduled Tribes) (Uttar Pradesh) 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 1991@

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

The Constitution (ST) orders (Amendment) Ordinance 1996.

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

This certificate is issued on the basis of the Scheduled Castes/Scheduled tribes certificate issued to Shri/Shrimati
Father/mother of Shri/Srimati/Kumari* of village/town*
in District/ Division* of the State/Union Territory* who belong to the
Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the
dated

%3. Shri/Shrimati/Kumari * and / or his / her* family, reside(s) in village/town*
of* District/Division* of the State / Union Territory* of

Signature

**Designation

(with seal of Office)

Place.....

Date

* Please delete the words which are not applicable.

@ Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

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

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

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/ Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

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

OBC CERTIFICATE FORMAT**FORMAT 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/Kum* _____
 Son/Daughter* of Shri _____ of Village /Town _____
 District _____ in _____ State belongs to _____ community
 which is recognized as backward class under _____ : (indicate the Sub Caste)

1. Resolution No. 12011/68/93-BCC@dtd 10th September 1993, published in the Gazette of India- Extraordinary Part-I, Section 1. No. 186 dated 13th September 1993.
2. Resolution No. 12011/9/94-BCC dated 19th October 1994, published in the Gazette of India-Extraordinary Part-I, Section I. No. 163, dated 20th October 1994.
3. Resolution No. 12011/7/95-BCC dtd 24th May 1995, Published in the Gazette of India-Extraordinary Part-I, Section I. No. 88 dated 25th May 1995.
4. Resolution No. 12011/44/96-BCC dtd 6th December 1996, published in the Gazette of India-Extraordinary Part-I, Section I. No. 210, dated 11th December 1996.
5. Resolution No. 12011/68/93-BCC, Published in Gazette of India – Extra Ordinary – No. 129, dated the 8th July 1997.
6. Resolution No. 12011/12/96-BCC, Published in Gazette of India – Extra Ordinary – No. 164 dated the 1st Sept. 1997.
7. Resolution No. 12011/99/94-BCC, Published in Gazette of India – Extra Ordinary – No. 236 dated the 11th Dec. 1997.
8. Resolution No. 12011/13/97-BCC, Published in Gazette of India – Extra Ordinary – No. 239 dated the 3rd Dec. 1997.
9. Resolution No. 12011/12/96-BCC, Published in Gazette of India – Extra Ordinary – No. 166 dated the 3rd August 1998.
10. Resolution No. 12011/68/93-BCC, Published in Gazette of India – Extra Ordinary – No. 171 dated the 6th August 1998.
11. Resolution No. 12011/68/98-BCC, Published in Gazette of India – Extra Ordinary – No. 241 dated the 27th Oct. 1999.
12. Resolution No. 12011/88/98-BCC, Published in Gazette of India – Extra Ordinary – No. 270 dated the 6th Dec. 1999.
13. Resolution No. 12011/36/99-BCC, Published in Gazette of India – Extra Ordinary – No. 71 dated the 4th April 2000.

Shri/Smt/Kum* _____ and / or his/her family ordinarily reside(s) in the
 _____ District of the _____ State. 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 and Training O.M. No. 36012/22/93/Estt. (SCT) dated 08.09.1993) and modified vide Government of India, Department
 of Personnel and Training O.M. No. 36033/3/2004/Estt.(RES). dated 09.03.2004.

Place: _____ District Magistrate/
 Date: _____ Dy. Commissioner etc
 (with seal of office)

- a. The term ordinarily used here will have the same meaning as Section 20 of the representation of the People Act. 1950.
- b. Where the certificates are issued by Gazetted Officers of the Union Government or State Governments, they should be in the same form but countersigned by the District Magistrate or Dy. Commissioner (Certificates issued by Gazetted officers and attested by District Magistrate/Deputy Commissioner are not sufficient).
- c. The OBC certificate from the authorities only will be accepted.
 1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector /I" Class Stipendiary Magistrate/Extra-Assistant Commissioner (not below the rank of I" Class stipendiary Magistrate)/ *Subdivisional Magistrate/Taluka Magistrate/Executive Magistrate.
 2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
 3. Revenue Officer not below the rank of Tahsildar, and
 4. Sub-Divisional officer of the area where the candidate and/or his family normally resides.

**FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)
NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No. _____

Date: _____

DISABILITY CERTIFICATE

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 or stoop)
(vi) MW- Muscular Weakness and limited physical endurance.

B. Blindness or Low Vision: (C) Hearing Impairment:

- (i) B- Blind (ii) PB- Partially Blind (i) D- Deaf (ii) PD - Partially Deaf.
(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.
Re- assessment of this case is not recommended / is recommended after a period of Years Months
3. Percentage of disability in his / her case is Percent.
4. Smt./Shri/Kum..... meets the following physical requirement for discharge of his/her duties.

(i) F-can perform work by manipulating with fingers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ii) PP-can perform work by pulling and pushing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iii) L--can perform work by lifting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iv) KC-can perform work by kneeling and crouching	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(v) B-can perform work by bending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vi) S-can perform work by sitting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vii) ST-can perform work by standing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(viii) W-can perform work by walking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ix) SE-can perform work by seeing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(x) H-can perform work by hearing/speaking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(xi) RW-can perform work by reading and writing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(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 Chairperson,
Medical Board

* Please delete the words which are not applicable

Place :
Date :**Counter Signature of the Medical Superintendent/CMO/
Head of Hospital (with seal)**

Note : (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 1996 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 locomotor/hearing & speech disability, mental retardation and leprosy cured, as the case may be.

(ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.

Paste here your recent colour photograph showing the disability (The photograph should be attested by the chairperson of the Medical Board)

Signature of the candidate ↑