

पश्चिमरेलवे-Western Railway

संख्या ई.एम./120/02/2022

मंडलकार्यालय

राजकोट

दिनांक: 12.05.2023.

To,

Dear Candidates,

According to included trade wise list of candidates for document verification – RAJKOT DIVISION

(दस्तावेज सत्यापन हेतु ट्रेड के अनुसार सूची में शामिल उम्मीदवारों के नाम – राजकोट मंडल)

विषय: अप्रेंटिसशिपएक्ट 1961 के तहत अप्रेंटिस प्रशिक्षणों का वयन, – Document Verification.

संदर्भ: रेलवे भर्ती सिल- (RRC-WR) द्वारा दिनांक 26.05.2022 को निर्गत अधिसूचना संख्या RRC/WR/01/2022 Apprentice.

उपरोक्त संदर्भानुसार आपको यह सूचित किया जाता है कि आपके द्वारा संबंधित ट्रेड में आवेदन के अनुसार आपको दस्तावेज सत्यापन हेतु मंडल तरे ल प्रबंधक कार्यालय (स्थापना) राजकोट को रिपोर्ट करना है / उक्त जगह पर उपस्थित होना है।

TRADE WISE LIST OF CANDIDATES FOR DOCUMENT VERIFICATION - ENGAGEMENT OF APPRENTICES VIDE NOTIFICATION NO. RRC/WR/01/2022 APPRENTICE DATED 26.05.2022 - RAJKOT DIVISION(WESTERN RAILWAY) -					
FITTER					
Sr. No	REGISTRATION ID	NAME OF CANDIDATES	FATHER/HUSBAND/GUARDIAN NAME	COM M/CASTE	DATE OF BIRTH
1	WRT22098301200	ANUSHREE GHORUI	DASARATH GHORUI	UR	30/12/1998
2	WRT22198170702	DEEPANSHU VERMA	RAKESH KUMAR	SC	17/07/1998
3	WRT22001261000	VIJAYA PATEL	PYARE LAL PATEL	OBC	26/10/2001
4	WRT22100020401	SUJIT BISWAS	SUSHIL BISWAS	SC	02/04/2000
5	WRT22100100803	ADITYA KUMAR	SADANAND PANDIT	UR	10/08/2000
6	WRT22104050400	AJEET KUMAR	ANANT RAM	SC	05/04/2004
7	WRT22100190101	AVIJIT ROY	MANTU ROY	SC	19/01/2000
8	WRT22199030500	CHITRANJAN KUMAR	DILIP KUMAR SINGH	OBC	03/05/1999
9	WRT22194040200	ARJUN KUMAR	KITAR DAS	SC	04/02/1994
10	WRT22101140101	AYUSH KUMAR	SANTOSH KUMAR	OBC	14/01/2001
11	WRT22101160800	SHIVAM YADAV	DINESH LAL YADAV	OBC	16/08/2001
12	WRT22199300401	RATHOD ANILBHAI	BHAGVANBHAI	OBC	30/04/1999
13	WRT22198010706	SANTOSH KUMAR	JANAK RAM	SC	01/07/1998
14	WRT22198040601	ZOPE PRAFULL VASANT	VASANT GULAB ZOPE	OBC	04/06/1998
15	WRT22199271100	KODAVALA HITESH	HARSUKHBHAI HMM	OBC	27/11/1999
16	WRT22101160102	ANKIT KUMAR	MANOJ KUMAR	OBC	16/01/2001
17	WRT22100230301	RABARI RAMESH	ARJANBHAI	OBC	23/03/2000
18	WRT22199300400	SARODE KHANDU	KACHARU	SC	30/04/1999
19	WRT22000050600	ASHVINI MOHAN	MOHAN BABULAL	OBC	05/06/2000
20	WRT22102180701	NIMAVAT DIVYESH	CHANDUBHAI	OBC	18/07/2002
21	WRT22100150104	SUDIP LET	AKSHOY LET	SC	15/01/2000
22	WRT22198141200	DABHI MAHESH	DABHI BHUPATBHAI	OBC	14/12/1998
23	WRT22101190801	KAMAL SINGH	PRAKASH SINGH	UR	19/08/2001
24	WRT22196020300	MITHUN KUMAR	ARUN KUMAR SHARMA	OBC	02/03/1996
25	WRT22199100506	SANJEEV KUMAR	KISHOR KUMAR GUPTA	SC	10/05/1999
26	WRT22103010500	NITEESH KUMAR	SURAJ PAL	OBC	01/05/2003
27	WRT22199120101	RATHOD SANJAYKUMAR	PARBATBHAI	SC	12/01/1999
28	WRT22197100101	PARMAR AJITBHAI	RAMANBHAI	ST	10/01/1997

29	WRT22198161100	RATHOD NITESHKUMAR	RAMESHBHAI	ST	16/11/1998
30	WRT22195040300	MAKVANA JAVID	MAKVANA KASAMBHAI	ST	04/03/1995

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WELDER (GAS & ELECTRIC)/WELDER (G & E)

Sr. No	REGISTRATION ID	NAME OF CANDIDATES	FATHER/HUSBAND/GUARDIAN NAME	COM M/CA STE	DATE OF BIRTH
1	WRT22199190300	RAJAN	GURMAIL SINGH	SC	19/03/1999
2	WRT22195160100	JASVEER SINGH	JEET SINGH	SC	16/01/1995

ELECTRICIAN

Sr. No	REGISTRATION ID	NAME OF CANDIDATES	FATHER/HUSBAND/GUARDIAN NAME	COM M/CA STE	DATE OF BIRTH
1	WRT22100101206	PRAVEEN KUMAR	GANESH RAM MAHTO	UR	10/12/2000
2	WRT22101200702	MADDIRALA	MADDIRALA	OBC	20/07/2001
3	WRT22102180103	JAGTAR SINGH	SARBJIT SINGH	OBC	18/01/2002
4	WRT22103210802	SAURABH KUMAR	VISHNU PRAKASH	UR	21/08/2003
5	WRT22102150806	VIKASH KUMAR	MAHAMAYA PRASAD	OBC	15/08/2002
6	WRT22103170601	RAVI DAREPPA	DAREPPA MALLAPPA	UR	17/06/2003
7	WRT22199251100	RAHUL KUMAR	HUKAM CHAND	SC	25/11/1999
8	WRT22101180703	SUNIL KUMAR	SHRI KISHUN	SC	18/07/2001
9	WRT22104010105	LUCKY VERMA	KAMLESH KUMAR	OBC	01/01/2004
10	WRT22195180900	GURPARTAP	SATNAM SINGH	SC	18/09/1995
11	WRT22100290200	SANDEEP	DALIP	OBC	29/02/2000
12	WRT22198100901	PAPPU KUMAR	SUDARSHAN	OBC	10/09/1998
13	WRT22198280701	DEEPAK YADAV	SEETARAM YADAV	OBC	28/07/1998
14	WRT22199160702	AJAY KUMAR PRAJAPATI	JAGDISH PRAJAPATI	OBC	16/07/1999
15	WRT22198290700	PAWARA SURESH BISAN	PAWARA BISAN	ST	29/07/1998
16	WRT22101280804	RAVINDRA MEENA	DHANPAL MEENA	ST	28/08/2001
17	WRT22100150400	PAWAN MUNDA	NIMAI MUNDA	ST	15/04/2000
18	WRT22100101206	PRAVEEN KUMAR	GANESH RAM MAHTO	UR	10/12/2000

TRADE WISE LIST OF CANDIDATES FOR DOCUMENT VERIFICATION - ENGAGEMENT OF APPRENTICES VIDE NOTIFICATION NO. RRC/WR/01/2022 APPRENTICE DATED 26.05.2022 - RAJKOT DIVISION(WESTERN RAILWAY) -

ELECTRONIC MECHANIC

Sr. No	REGISTRATION ID	NAME OF CANDIDATES	FATHER/HUSBAND/GUARDIAN NAME	COM M/CA STE	DATE OF BIRTH
1	WRT22199050100	KUMAR NIRAJ	PAWAN MAHTO	OBC	05/01/1999
2	WRT22102280400	ASHOK	RAJKUMAR	OBC	28/04/2002

TRADE WISE LIST OF CANDIDATES FOR DOCUMENT VERIFICATION - ENGAGEMENT OF APPRENTICES VIDE NOTIFICATION NO. RRC/WR/01/2022 APPRENTICE DATED 26.05.2022 - RAJKOT DIVISION(WESTERN RAILWAY) -

MECHANIC (REFRIGERATION AND AIR-CONDITIONING)/REFRIDGERATOR AC MECHANIC

Sr. No	REGISTRATION ID	NAME OF CANDIDATES	FATHER/HUSBAND/GUARDIAN NAME	COM M/CA STE	DATE OF BIRTH
1	WRT22196040900	GOPAL SINGH	TEJPAL SINGH	SC	04/09/1996
2	WRT22197120201	SUKHWINDER SINGH	SATNAAM SINGH	SC	12/02/1997
3	WRT22104270200	LATHIYA VISHAL	MAHESHBHAI	OBC	27/02/2004
4	WRT22196120500	OM PRAKASH	KADHEY RAM	OBC	12/05/1996

aw

- उपरोक्तसंदर्भानुसारआपकोयहसूचितकियाजाताहैकिदस्तावेज़सत्यापनकेसमयनिम्नलिखितमूलप्रमाणपत्र/दस्तावेज़होनाआवश्यकहै:
- ऑनलाइनकिएहुएआवेदनकीप्रति
 - दसवीं/मैट्रिक(10th)अंकप्रमाणपत्र (Marks Sheet)
 - जन्मप्रमाणपत्रहेतुदसवीं(10th)काप्रमाणपत्र/स्कूलपरित्यागपत्र(SLC)
 - आवेदनकिएहुयेसंबंधितट्रेडकेसभीसेमेस्टरकेConsolidated ITI mark sheet(Combined marks sheet of all semesters/annual- सभी semester/annual द्वारा प्राप्त समेकित/एक साथ दशयि गए /अंकदशयिगएProvisional National Trade Certificate
 - NCVT द्वाराजारीNational Trade Certificate याNCVT/SCVT द्वाराजारी Provisional National Trade Certificate.
 - पासपोर्टसाइजके 2 फोटोग्राफ
 - पहचानप्रमाणपत्रहेतुAadhar Card वPAN कार्ड
 - अधिसूचनाकेअनुसारAnnexure-'B'केअनुसारअनुसूचितजाति/जनजाति (SC/ST)केजातिप्रमाणपत्र (जिन्हेंलागूहों)
 - अधिसूचनाकेअनुसारAnnexure-'C'केअनुसार 01.04.2021याउसकेबादजारीकिएहुएNon-Creamy layer certificateकेसाथOBC जातिप्रमाणपत्र (जिन्हेंलागूहों)
 - अधिसूचनाकेअनुसारAnnexure-'H'केअनुसार EWS - valid Income and Asset Certificate (जिन्हेंलागूहों)
 - अधिसूचनाकेअनुसारAnnexure-'G'केअनुसार Fit medical certificate (सभीकेलिएलागू)–प्रति संलग्न है.
 - अधिसूचनाकेअनुसारAnnexure-'E'/ Annexure-'E/F'केअनुसारPWD/Disability medical certificate (जिन्हेंलागूहों)
 - दस्तावेज़ सत्यापन के समय उपरोक्त सभी प्रमाणपत्रों की 2 स्व-अभिप्रमाणित प्रतियां पहले से ही attach/pin up करके लाएँ/रखें।

Note : Certificates in languages other than English or Hindi should be accompanied by an attested copy of translation in English / Hindi.

दस्तावेज़सत्यापनहेतुरिपोर्टकरने/उपस्थितहोनेकीजगह,तारीखवसमय
(Date time and place of attendance/report for document verification):-

क्रमसंख्या Sr. No.	ट्रेड /Trade	दिनांक/Date& समय/Time	स्थल /Venue
1	Fitter	24.05.2023 & 10.00 AM to 05.00 PM.	मंडलरेलप्रबंधककार्यालय (स्थापना) राजकोट कोठीकंपाउंड –राजकोट Divisional Railway Manager Office (Establishment)RAJKOT Kothi Compound-Rajkot
2	Welder (Gas & Electric)		
3	Electrician		
4	Electronics Mechanic		
5	Mechanic Refridgerator& AC	25.05.2023	

Enclosure :Format :-उपरोक्त आवश्यकतानुसार
ANNEXURE – "B", "C", "D", "E", "F", "G" & "H"



(कमलेश के. दवे)
सहायककार्मिकअधिकारी (ई)
कृतेमंडलरेलप्रबंधक(स्थापना)
राजकोट

PROFORMA FOR CASTE CERTIFICATE FOR SC/ST APPLICANTS

(Format of certificate to be produced by Applicants belonging to Scheduled Castes or Scheduled Tribes in support of Claim)

This is to certify that Shri / Smt. / Kum* _____ Son / Daughter* of _____ of village / town* _____ District / Division* _____ of State / Union Territory* _____ belongs to the _____ Caste / Tribe* which is recognized as a Scheduled Caste / Scheduled Tribe* under :

- The Constitution (Scheduled Caste) / (Scheduled Tribes) Order, 1950.
- The Constitution (Scheduled Caste) (Union Territories) Order, 1951.
- The Constitution (Scheduled Tribes) (Union Territories) order, 1951 (as amended by the Scheduled Caste 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 Caste / Scheduled Tribes Order (Amendment) Act, 1976.
- The Constitution (Jammu and Kashmir) Scheduled Caste / Scheduled Tribe Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Castes / Scheduled Tribes Order, 1962.
- The Constitution (Pondicherry) Scheduled Castes Order, 1964.
- The Constitution Scheduled Tribes (Uttar Pradesh) Order, 1967.
- The Constitution (Goa, Daman and Diu) Scheduled Castes / Scheduled Tribes Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste / Scheduled Tribes Order, 1978.
- The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989.
- The Constitution (SC) Orders (Amendment) Act, 1990.
- The Constitution (ST) Orders (Amendment) Act, Ordinance 1991.
- The Constitution (ST) Orders (Second Amendment) Act, 1991.
- The Constitution (ST) Orders (Amendment) Ordinance, 1996.

2. Application in the case of Scheduled Caste / Scheduled Tribe Persons who have migrated from One State / Union Territory Administration.

This certificate is issued on the basis of Scheduled Caste / Scheduled Tribe certificate issued to Shri / Smt. / Kum* _____ Father / Mother of Shri / Smt. / Kum _____ of Village / town in District / Division* _____ of State / Union Territory _____ who belongs to the _____ Caste / Tribe* which is recognized as a Scheduled Caste / Scheduled Tribe * in State / Union Territory * _____ issued by the _____ (Name of prescribed authority) vide their No. _____ dated _____.

3. Shri / Smt. / Kum.* _____ and or his / her* family ordinarily reside(s) in village / town* _____ of _____ District / Division of State / Union Territory of _____ Place _____ State / Union Territory of _____

Signature _____
 Designation _____
 -
 (with seal of office) _____
 -

(* Please delete the words which are not applicable (*) Please quote specific presidential offer (*). Delete the Paragraph which is not applicable. (*)

Please Note: The term *Ordinarily resides* used 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 :

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. Revenues Officers not below the rank of Tehsildar.
4. Sub Divisional Officer of the area where the Applicants and / or his family normally resides.

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.

**PROFORMA FOR DECLARATION TO BE SUBMITTED BY OTHER BACKWARD CLASS APPLICANTS
ALONGWITH THE APPLICATION WHILE APLYING FOR THE POST AGAINST EMPLOYMENT NOTICE NO.
RRC/WR/04/2018 APPRENTICE OF WESTERN RAILWAY**

DECLARATION

“ 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
person / sections (Creamy Layer) mentioned in column 3 of the Scheduled to the above referred Office Memorandum
dated 08.09.1993 and its subsequent through O. M. No. 36033/3/2004-Estt(Res) dated 09.03.2004”.

Place : _____

Signature of the Applicants _____

Date : _____

Name of the Applicants _____

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

Certificate No. _____ Date _____

(Paste here recent
passport size
colour photograph
of the Applicants
of size 4 cm x 5 cm

1. This is to certify that Smt, / Shri / Kum* _____ Son / daughter of Shri _____ age _____, Male / Female having identification marks as below _____ is suffering from Permanent disability of following category.
- A. Loco motor 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 : (i) B-Blind, (ii) PB-Partially Blind,
- C Hearing Impairment : (i) D-Deaf, (ii) PD- Partially Deaf

Signature of
Applicants

(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 _____ year _____ 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 | 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 | Yes | No |
| (vii) | ST-can perform work by standing | Yes | No |
| (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/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 locomotors/ hearing and 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.

Disability Certificate FORM
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
 (See Rule 4)

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

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 :

- (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 yearmonths, and therefore this certificate shall be valid till (DD/MM/YYYY) @ e.g. Left/Rig ht/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
(Authorised Signatory of Notified Medical Authority) (Name and Seal)	Countersigned : (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 Government Servant (With Seal))	

SCHEDULE-II (See Rule 4)

**Medical Fitness Certificate for Standard of physical fitness
for Act Apprentice Training in Western Railway.**

Name of the Candidate -

Father Name -

Category -

Date of Birth/Age -

Trade & Name of Workshop/Unit -

Permanent identification marks

1.

2.

**Recent passport size
photo as uploaded in
Application Form**

**Photo to be attested
by Medical Officer**

SN	Standard of physical fitness	Observation of Medical Officer
1	A candidate should be free evidence of any contagious or infectious disease. He should not be suffering from any disease which is likely to be aggravated by service or is likely to render him unfit for service or endanger the health of the public. He should also be free from evidence of tuberculosis in any form, active or healed.	
2	<u>Height, Weight And Chest-</u> Candidates should satisfy the following minimum standards, namely:- Height : 137 centimetres; Weight: 25.4 Kilogram; Chest expansion should not be less than 3.8 centimetres irrespective of size of chest: Provide that where a candidate does not satisfy the said minimum standards but is certified in writing by a Medical Officer not below the rank of an Assistant Surgeon (Gazetted), to be physically fit for being engaged as an apprentice in a particular trade under the Apprentices Act,1961, he may be engaged as an apprentice in that trade.	
3	<u>EYES</u> There should be no evidence of any morbid condition of either eye of the lids of either eye which may be liable to risk of aggravation of recurrence. Standard of Vision (A) Visual acuity: *Candidates having vision in one eye shall eligible to undergo apprenticeship training except in the following seventeen trades, namely: - (1) Electrician Aircraft (2) Watch and Clock mechanic (3) Driver cum Fitter (4) Surveyor (5) Process Cameraman (6) Sirdar (7) Rigger (Engg. & Chem. Industry) (8) Short firer/Blaster (Mines) (9) Mate (Mines) (10) Mech. Radio & Radar Aircraft (11) Ceramic Modular (12) Ceramic Caster (13) Ceramic Kiln Operator (14) Ceramic Press Operator (15) Ceramic Modeller (16) Ceramic Decorator (17) Optical worker. * Substituted vide GSR 221 dated 21st April 1993. (B) Colour vision: Not required	
4	<u>EARS</u> Hearing must be good in both ears and there should be no sign of suppurative disease. No hearing aid shall be permitted.	
5	<u>SKIN</u> There should be no evidence of acute or chronic skin disease or chronic ulceration.	
6	<u>SPEECH:</u> Speech should preferably be without impediment.	
7	<u>ALIMENTARY SYSTEM:</u> 1. Candidates should have sufficient number of natural teeth (in healthy state) for mastication.	

	<ol style="list-style-type: none"> 2. Spleen should not be palpably enlarged and there should be no evidence of tenderness in the splenic area. 3. Liver should not be palpable or tender. 4. There should be no oral sepsis. 5. There should be no sugar in the urine. 6. Candidates should not be suffering from haemorrhoids, fissures in and testis anal hernia or bubonocele or ischio-rectal abscess or hydrocele. 	
8	<p><u>CARDIO VASCULAR SYSTEM:</u></p> <ol style="list-style-type: none"> 1. Blood pressure should not exceed 85 diastolic and 140 systolic. 2. Candidates with low blood pressure (i.e. systolic below 100) should be rejected. 3. There should be no sign of any cardiovascular disease. 	
9	<p><u>RESPIRATORY SYSTEM:</u></p> <p>Candidates should be free from all diseases of respiratory system. There should be no deformity of chest which may cause impediment to breathing.</p>	
10	<p><u>GENITO URINARY SYSTEM</u></p> <p>There should be no evidence of genito urinary disease or any abnormality.</p>	
11	<p><u>SKELETAL SYSTEM:</u></p> <ol style="list-style-type: none"> 1. The function of all limbs should be within normal limits. 2. There should be no evidence of serious deformity of the spinal column or of the extremities. 	
12	<p><u>NERVOUS SYSTEM:</u></p> <p>There should be no evidence of any disease of nervous system or of any mental disease.</p>	
13	<p><u>GLANDULAR SYSTEM:</u></p> <p>There should be no evidence of tuberculosis or other disease of the glandular system including the endocrine glands.</p>	

Above medical fitness certificate should be signed by Government authorised Doctor (Gaz), not below rank of Asst. Surgeon of Central/State Hospital.

Signature of Medical Officer

Name of Medical Officer

Registration No.

Designation

Name of Central/State Govt. Hospital

Seal of Medical Officer signing the certificate.....

Should be printed on both side of the paper.

Government of _____
 (Name & Address of the authority issuing the certificate)

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

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. 8 Lakh (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).

**Recent Passport size
Attested Photograph of
the Applicant**

Signature with seal of

Office _____

Name _____

Designation _____

***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.