

Eastern Railway

CEN NO.RRC-1/2019: NOTICE NO. RRC-ER/CEN/01/2019 (258) DATED 19.02.2024 REGARDING 2nd ROUND of DOCUMENT VERIFICATION TO RECRUITMENT FOR VARIOUS POSTS OF LEVEL-1.

**Office of the Chairperson, Railway Recruitment Cell
(RRC),56, C.R. Avenue, Kolkata - 700012.**

1. Physical Efficiency Test (PET) for level-1 posts notified against CEN RRC 01/2019 was conducted from 30/01/2023 to 10/02/2023. Category and community wise cut off marks (for the current round of DV) is uploaded herewith as Annexure – A. Among the PET qualified Non-PwBD candidates and among the PET exempted candidates, lists of DV eligible candidates, which has been drawn strictly as per merit is being published on notice board of RRC/ER website i.e. www.rrcer.org as Annexure - B. The date, slot and DV venue will be communicated vide e-call letter and NO communication/information by post will be given.
2. The tentative schedule of DV is from 11.03.2024 and on the very next working day DV cleared candidates will be sent for medical examination. A link to download call letter for Document Verification will be made available on the website shortly.
3. **Common Instructions**

1.	Candidates found eligible in Document Verification will be directed for medical examination at nominated Railway Hospital. Candidates are advised to come prepared for stay at concerned venue for 3-4 days at their own expense.
2.	No request for change of “Venue of Medical examination” will be entertained.
3.	Candidate must bring a copy of Application Form and following Certificates in Original (along with two sets of Photocopies of all Documents duly self-attested) mentioned as under:
3A.	Mark Sheets and Certificates of all Educational / Technical qualification mentioned in the Application Form / Notification.
3B.	Gazette Notification and / or any legal Document in case of formal change of Name as mentioned in Notification.
3C.	Certificate for proof of Date of Birth as mentioned in the Notification. In absence of relevant Date of Birth Certificate, candidature of Candidate will be Cancelled (Birth Certificate will not be considered as valid documentary proof).

3D.	Caste Certificate for SC / ST (as per Annexure-I of Notification), OBC Candidate (as per Annexure- II of Notification) in prescribed format issued by Competent Authority. OBC Candidates are required to produce OBC Caste Certificate in prescribed format (not older than one year from the date of documents verification) as well as valid OBC certificate at the time of application which should clearly mention about Non – Creamy Layer status (as per Annexure- II A of Notification).
3E.	Income and Asset Certificate for Economically Weaker Section (EWS) (asper Annexure- III of Notification).
3F.	NOC from serving employees with Date of Appointment from current employer
3G.	Self- Declaration (as per Annexure- VII of notification) and Discharge Certificate / NOC in case of Ex Servicemen
3H.	Disability Certificate in case of PwBD Candidates (as per V(A), V(B), V(C) of Notification).
3I.	Photo Identity Card as mentioned in CEN No. RRC-01/2019 (any One) and photo copy of both side of Aadhar Card with Original
3J.	Receipt of Payment if made through a challan at SBI Branch or Pay – in – Slip at computerized Post Office.
3K.	Income Certificate for Waiving Examination Fee for Economically Backward Classes as per Annexure – III A.
3L.	Minority Community declaration on Non - judicial Stamp Paper as per Annexure – IV of Notification.
3M.	Self-Certification by the Transgender Candidate.
3N.	J&K domicile Certificate wherever applicable.
3O.	Decree of Divorce / Judicial Separation from the Competent Court of law and Affidavit stating that the Candidate has not re-married, if applicable.
3P.	In case of Widow, Death Certificate of Spouse and Affidavit stating that the Candidate has not re-married.
3Q.	Candidate’s portion of E-admit card of CBT &/or PET (as applicable).

4.	Candidates are also required to carry 10 copies of photographs (size: 3 c.m. x 3.5 c.m.) similar to scanned copy of photograph uploaded in ONLINE Application Form and 6 copies of latest photographs (size: 3 c.m x 3.5 c.m.)
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5. Candidates must strictly abide by the instructions given by DV functionaries. Documents Verification will be followed by Medical Examination only of those candidates as further found fit by the Screening committee. Candidates to note that post medical examination, pre- recruitment checking of documents may be done by units as they deem fit.

6. Request for Change of Venue/Centre or Date of DV will not be entertained under any circumstances.
7. Signature in the specified areas on the e-Admit Card and Attendance Sheet must tally with the signature of the candidate on the Online Application Form, CBT and PET. He/She must put his/her LTI/RTI in the specified space on the Attendance Sheet in presence of DV committee member/nominated person. Failure to comply will lead to rejection of the candidature.
8. Candidate must surrender RRC copy of the e-Admit card of DV to the DV committee keeping back candidates' portion of the e-admit card.
9. RRC/ER reserves the right to order cancellation in case of any candidate or for a group of candidate/venue/date/change in mode of DV.
10. Furnishing any false information or deliberate suppression of any required factual information detection of which at any stage will render the candidates liable for being disqualified and debarred from appearing for DV or Engagement or appointment of the Railway or to any other govt. job.
11. Please note that in other matters, the terms and conditions laid down in the notice shall apply mutatis-mutandis.
12. If any candidate is found obstructing the conduct of the DV or creating disturbances at the DV venue, his/her candidature shall be summarily cancelled. Such candidate shall also be liable to be debarred from future Test of the Railway and legal/criminal proceeding could be initiated against him/her. It may be noted that no re-DV would be conducted if it is found that the DV was disrupted on account of instigation by the candidates.
13. In case of walk out, for any reason whatsoever NO re-DV will be taken.
14. There shall be no claim for alternate appointment on the ground of medical unfitness, if any.
15. All necessary care has been taken while preparing the list for eligible candidates for documents verification but inadvertent human errors cannot be over ruled. RRC/Eastern Railway reserves the right to correct such mistakes whenever it is noticed.
16. Candidates shall make their own arrangement of stay for 3-4 days at their own expense, if required, at the venue. No TA/DA is admissible for the same.
17. Railway shall not be responsible for any loss/damage caused to candidates during the Documents Verification.
18. Candidates may please note that merely being called for Document Verification does not confer any right on them for appointment to the notified posts.
19. Beware of Touts and job racketeers trying to deceive by false promises of securing job in Railways either through influence or by use of unfair and

unethical means. RRB/RRC never appoints any agent(s) or coaching centre (s) for action on its behalf. Candidates are warned against any such claims being made by persons/agencies. Candidates are selected purely as per merit. Beware of unscrupulous elements and do not fall in their trap. Candidates attempting to influence RRB/RRC directly or indirectly shall be disqualified and legal action can be intimated against them.

20. Candidates are advised to visit only the official website of RRB/RRCs and beware of FAKE websites and social media content put up by unscrupulous elements/touts.

DA : Annexures-A,B of this notice and Annexures {I,II,IIA,III,IIIA,IV,V(A, V(B), V(C),V(D)and VII} of RRC-CEN 01/2019 notification.

Date: 19.02.2024

Sd/-
Chairperson
Railway Recruitment Cell
Eastern Railway, Kolkata

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

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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 of _____ **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:

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

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)]	(Authorised Signatory of notified Medical Authority) (Name and 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. 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

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

- (b) Present Address
10. Educational Qualification of the Scribe
11. Relationship, if any, of the Scribe to the Candidate

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

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:

Annexure A

CATEGORY	CUT OFF MARKS
UR	75.00728
SC	65.77975
ST	56.68127
OBC	72.84143
EWS	63.45044
PWBD-VI	62.33733
PWBD-HI	28
PWBD-LD	62.27056

Annexure-B**DATE OF REPORTING - 11.03.2024**

224191160964038	224191270564179	224191270859456	224191220265959	224194190010411
224191160143048	224191160563521	224191160511296	224191220278180	224194260010666
224191160149953	224191220555324	224191220531711	224191220271869	224194190013229
224191220985875	224191260557835	224191160528305	224191220279855	224194280013657
224191160993622	224191220560627	224191220523185	224191160634481	224194170013056
224191261018312	224191160393185	224191200318502	224191160642547	224192260010731
224191160999936	224191260883068	224191230877349	224191270715816	224192230016358
224191190181764	224191220594906	224191160884037	224191160105694	224194260015541
224191250754866	224191160614218	224191160880284	224191270076716	224191170015843
224191160228688	224191270699165	224191260807821	224191160077400	224194230013765
224191270243964	224191270697752	224191160038470	224191170013088	224191230013767
224191220452168	224191220687814	224191260033746	224194280013677	224191190012931
224191160552792	224191220695873	224191260980035	224194260012816	224194270013340
224191220585561	224191160953601	224191220951727	224194130012434	224194230012899
224191220555459	224191220847836	224191160730661	224194190015740	

DATE OF REPORTING - 12.03.2024

224191220074222	224191220613087	224191160385592	224191220149882	224194260008251
224191220366595	224191190249184	224191220959326	224191220147098	224191220014766
224191270369197	224191230219895	224191160794547	224191160851776	224194250002314
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224191160925461	224191160486904	224191220988070	224191160035101	224192220014053
224191160913118	224191160895553	224191220694557	224191130351089	224192130011827
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224191270926159	224191160797154	224191260097301	224194230008817	224192220011927
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224191130589358	224191270575104	224191220653430	224194260003092	

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224194220015082	224194260016574	224192310702971	224192220287326	224193120544888
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224194270016778	224192190526756	224192230358047	224192220466120	224193190916557
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224194260014735	224192220401594	224192220279206	224193120578037

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224194260789749	224194260071387	224194190871980	224194260466733	224194260498542
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224194130782519	224194250090520	224194270875773	224194160486693	224194260586538
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224194190790050	224194270062121	224194270443835	224194270487202	224194260588123
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224194260308960	224194300044086	224194220448933	224194130470744	224194260863739
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224194270294199	224194190039873	224194260463685	224194220489535	224194190994014
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224194190334706	224194150897829	224194190445347	224194270493928	
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224194260308363	224194250904970	224194270487125	224194260475340	

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224194130997854	224194260229816	224195260923999	224195160439587	224195190251949
224194220399988	224194190218700	224195260293063	224195260428540	224195130668548
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224194270511789	224194270357121	224195250289868	224195190392714	224195190297486
224194220532224	224195191022199	224195190181815	224195260093573	224195190984014
224194190507906	224195160915115	224195130176047	224195270122159	
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224194190251722	224195160234987	224195260500147	224195250714157	
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224194130234234	224195260960043	224195160076193	224195270897470	
224194260248296	224195190554903	224195160039324	224195190881550	
224194130222476	224195160644950	224195190783583	224195200361570	
224194130234252	224195270926474	224195190759929	224195260341001	
224194120244339	224195190910070	224195270454516	224195130359213	