



SOUTHERN RAILWAY

IMPORTANT INSTRUCTIONS:

You are required to report at the below mentioned address:

**New Basic Training Centre,
Near Railway Hospital,
Next to Office of the Chief Workshop Manager, Carriage & Wagon Works,
Ayanavaram, Chennai-600 023.
Contact Number : 044-26744237**

While attending the document Verification, you should invariably bring the Original Certificates along with Photostat copies in respect of the following:

1. Date of Birth: Birth Certificates or Scholl Certificates such as SSLC/Matriculation etc. indicating Date of Birth.
2. Educational Qualification: Academic/Technical (ITI Trade Certificate & All Semester Marksheet)
3. SC/ST Candidates: Community certificates in the prescribed format, issued by competent authority, if applicable.
4. OBC Certificates: Community certificates in the prescribed format (obtained within One year) issued by competent authority, if applicable. The certificates should specifically indicate that the candidate does not belong to persons / sections(Creamy Layer).
5. Original Aadhaar Card
6. Persons with Disability: Physical Disability certificate in the prescribed format. Certificates with Temporary Disability will not be entertained.
7. *Obtain medical certificate in the prescribed proforma (Annexure-I) from the Government Doctor (Gazetted), not below the rank of **Assistant surgeon of Central/State Government Medical Services.***

PLEASE NOTE:

- That you may please note that being called for Document verification does not confer any right to you for appointment in Railways.
- That mere issue of Call letters will not imply that your candidature has been finally cleared by Carriage Works.
- That in case, if you do not attend the Document verification on the date and time indicated, your candidature will be cancelled without any further notice.
- That the final selection of the candidates will be subject to the verification of identity, all original certificates, satisfaction of all criteria prescribed for the post including Medical Examination/Standards as applicable.

(B.E. (E&O) / S.PALANI)
Workshop Personnel Officer
For Chief Workshop Manager
Carriage & Wagon Works / Perambur



On Line Registration Number	
Date of Document Verification	

एक्ट अधिनियम 1961 के तहत एक्ट प्रशिक्षु के रूप में भर्ती होने के लिए आवेदन फार्म
APPLICATION FORM FOR ENGAGEMENT OF ACT APPRENTICE UNDER THE ACT APPRENTICE ACT 1961
(BIO-DATA FORM)

1	अभ्यर्थी का नाम Name of the Candidate:													Affix a recent passport size photo	
	2	पिता / माता / पति का नाम Father/Mother/Husband Name:													
	3	डाक पता Postal Address													
		राज्यSTATE							पिन कोडPincode:						
4	जन्म की तारीख Date of Birth			-			-					आयु Age as on 14.12.2018			
5	समुदाय Community	UR			OBC			SC			ST				
6	आधार कार्ड नं Adhaar Card No:											मोबाइल नं. Mobile No:			
07	उत्तीर्ण परीक्षा Exam passed	उत्तीर्ण होने का महीना व वर्ष Month & Year of Passing			स्कूल / बोर्ड School / Board			प्रतिशत % of Mark							
1															
2															
3															

08	Personal Marks of Identification	1)	
		2)	

09: आवेदन के साथ संलग्न प्रमाण-पत्रों के विवरण जो राजपत्रित अधिकारी द्वारा सत्यापित हो
Copies of Certificates enclosed with the application, duly attested by a Gazetted officer (Please tick)
(Relevant certificates should be valid on the date of notification)

- | | | | | | |
|----------------------------|--------------------------|--------------------------------|--------------------------|---------------------------|--------------------------|
| A. On-Line Acknowledgement | <input type="checkbox"/> | D. NCVT/SCVT Mark Sheet | <input type="checkbox"/> | G. Transfer Certificate | <input type="checkbox"/> |
| B. Std XII/X/Mark Sheet | <input type="checkbox"/> | E. Medical Fitness Certificate | <input type="checkbox"/> | H. Disability Certificate | <input type="checkbox"/> |
| C. NCVT/SCVT Certificate | <input type="checkbox"/> | F. Community Certificate | <input type="checkbox"/> | I. Adhaar Card | <input type="checkbox"/> |

10 मैं एतत् द्वारा घोषित करता हूँ कि जहाँ तक मेरी जानकारी है, ऊपर उल्लिखित विवरण सत्य है। यदि गलत हो तो मेरी कैंडिडचूर रद्द की जा सकती है/मेरी प्रशिक्षुपन तत्काल समाप्त कर दी जा सकती है।
I hereby declare that the above particulars are true to the best of my knowledge, and if found to be false, my candidature could be cancelled/my apprenticeship could be terminated forthwith.
मैं यह भी जानता/जानती हूँ दस्तावेज सत्यापन/चिकित्सा परीक्षण के लिए बुलाए जाने से रेलवे में एन्जोमेंट की योग्यता सूची में मेरा नाम होने की गारंटी नहीं है। यदि आप, दस्तावेज सत्यापन के लिए उपस्थित न होंगे/होंगी पर आपकी कैंडिडचूर रद्द की जाएगी जिसके लिए आगे कोई सूचना नहीं दी जाएगी।
I am also aware that having called for Document verification/Medical Examination, doesn't guarantee me a place in the merit list for engagement in Railways. In case, if I do not attend the Document verification on the date and time indicated, my candidature will be cancelled without any further notice.

स्थान/ Place:	बाएं अंगूठा छाप Left thumb impression	आवेदक के हस्ताक्षर Signature of the applicant
तारीख / Date:		

सत्यापन करने वाले के हस्ताक्षर
Signature of Verifying official

SOUTHERN RAILWAY

(To be Certified by the Government Authorised Doctor (Gazetted) NOT BELOW THE RANK OF ASSISTANT SURGEON OF THE CENTRAL/STATE MEDICAL SERVICES)

1. Name of the Candidate :
2. Height/137 cms } Minimum
Weight/25.4 Kgs. } Standard
Chest Expansion/ }
Not Less than 5 cms. }

Photo to be attested by the Civil Surgeon who is giving the certificate with Signature and Seal

3. EYES

- Minimum Standard of Visual Acuity (Bee-One)
- a) 6/9, 6/12 with or without glasses. a)
b) Binocular Vision Should be b)
c) Colour Vision present c)

(There should be no evidence of any morbid condition of Either eye or the lids of either eye which may be liable To risk or aggravation or recurrence.)

4. EARS:

Good Hearing without suppurative disease.
No hearing aid is permitted.

5. SKIN:

No evidence of Acute or chronic skin Disease or Chronic ulceration.

6. SPEECH:

Should be preferably perfect without Impediment

7. ALIMENTARY SYSTEM

- 1) Should have sufficient number of natural teeth (in Healthy State) for mastication
- 2) No oral sepsis.
- 3) Spleen should not be palpable
- 4) Liver should not be palpable

Others

Should not suffer from the following:

- a) Hemorrhoids
- b) Hernia/Hydrocele
- c) Bubonocele
- d) Ischio-rectal abscess

8. CARDIO VASCULAR SYSTEM

- i) Blood pressure should not exceed 85 diastolic and 140 systolic.
- ii) No sign of cardio vascular disease

9. RESPIRATORY SYSTEM:

No deformity or chest causing impediment to breathing. Free from all disease of respiratory system

10. GENITO URINARY SYSTEM:

No Genitourinary disease or deformity

11. SKELETAL SYSTEM:

No evidence of serious deformity of the spinal column or of the extremities
The function of all limbs should be within normal limits.

12. NERVOUS SYSTEM:

No disease of Nervous system or any mental disease:

13. GLANDULAR SYSTEM:

No evidence of Tuberculosis or disease of Glandular System.

14. X'RAY OF LUNGS.

15. URINE SUGAR

16. BLOOD GROUP

The above named candidate is free from evidence of any contagious or infectious disease. He/She is not suffering from any disease which is likely to be aggravated by service or likely to render him/her unfit for service or to endanger the health of the public. He/She is also free from evidence of tuberculosis in any form (active or healed) and also certified that he/she is fit to undergo Apprenticeship Training in Railway Establishments under the Apprentices Act 1961.

Date:

SEAL

SIGNATURE OF THE GOVERNMENT
AUTHORISED DOCTOR (GAZETTED)
(NOT BELOW THE RANK OF ASST.
SURGEON OF CENTRAL/STATE HOSPITAL
GOVERNMENT MEDICAL SERVICES)

NAME OF THE DOCTOR:

