

## SOUTHERN RAILWAY

No.GPB(A)128-PMKVY-21

Central Workshop,  
Personnel Branch,  
Ponmalai,  
Date:23.10.2021.

### Notification for 'Pradhan Mantri Kaushal Vikas Yojana(PMKVY)

- ✓ A short term (18 DAYS) training program is being organized by **WORKSHOP TRAINING CENTRE, CENTRAL WORKSHOPS, PONMALAI** for the aspiring youths under 'RAIL KAUSHAL VIKAS YOJANA' in **FITTER, WELDER AND ELECTRICIAN trade**.
- ✓ Each batch will have 15 trainees in each trade.
- ✓ Training is imparted free of cost.
- ✓ **Eligibility - Matriculation (10th Standard pass)**
- ✓ **Age- 18-35 Years (as on 31 st October 2021)**
- ✓ Interested candidates may submit their application form duly mentioning their full name, Father's name, Address, Educational qualification and Mobile no./e-mail (**Application format enclosed**)
- ✓ Self-attested photocopy of the following documents are required along with application. SSLC/Matriculation Certificate, Proof of Identity - any one document out of Aadhaar Card, Voter ID Card, Driving License or Ration Card. Medical Fitness certificate in the format annexed with this notification should be attached. Application will not be accepted if the above required documents are not submitted along with the Application form.
- ✓ Candidates will be selected on the basis of the Marks obtained in the Matriculation.
- ✓ No allowance like daily allowance/conveyance allowance or travelling allowance etc. will be paid to the trainee.
- ✓ No accommodation will be provided by the administration.
- ✓ Railway administration will not be liable to pay stipend to the trainees.
- ✓ Candidates imparted training under "Rail Kaushal Vikas Yojana" will have no claim to seek employment on Railways on the basis of such training.
- ✓ **Application duly filled can be submitted physically/ or by post on the address given below on or before 10.11.2021** to Workshop Personnel Officer, Central Workshops, Ponmalai, Pin-620 004.
- ✓ For Assistance – Please contact Shri G. Arone Ravi (Chief Instructor/WTC/GOC) Mobile No.9629531927 & Shri P. Subramanian (Principal, Workshop Training Centre, Central Workshop, Ponmalai) Mobile No. 9003840111.
- ✓ First, Second, Third batch of training is to start tentatively from 15.11.2021, 06.12.2021, 03.01.2022 respectively.
- ✓ List of selected candidates for the Training Program will be displayed on the Notice Board of WTC/Ponmalai and the selected candidates will also be informed personally on the mobile number/e-mail mentioned in their Application. Selected candidates before joining have to submit an Affidavit duly typed on a 10 rupees non-judicial stamp paper in the format attached with this notification.
- ✓ A certificate will be issued on successful completion of training.

Workshop Personnel Officer/GOC

Copy to: PCPO/MAS – For kind information please.

CWE/MAS – For kind information please.

PS to CWM/GOC – For kind information of CWM please.

All Officers/GOC – For information please

Principal/WTC/GOC– For information and necessary action please.

CI/WTC/GOC – For information and necessary action please.

AGS/SRMU/GOC, WDS/AISCSTREA/GOC, WDP/AIOBCREA/GOC.

**PRADHANMANTRI KAUSHAL VIKAS YOJNA**

**RAIL KAUSHAL VIKAS YOJNA**

**Application form for Training in Fitter, Welder, Electrician trade in  
Workshop Training Centre/Central Workshops/Ponmalai**

1.	<b>NAME</b>		Paste latest Passport Size Photograph
2.	<b>Date of Birth</b> (DD/MM/YYYYYY)		
3.	<b>Father's Name</b>		
4	<b>Mother's Name</b>		
5	<b>Blood group</b>		
6	<b>Occupation of Father</b>		
7	<b>Trade Preference</b> (Tick any one trade)		
			<b>1. Fitter</b> <b>2. Welder</b> <b>3. Electrician</b>
8.	<b>Percentage of</b> <b>Marks/CGPA</b> <b>SSLC/Matriculation</b>	<b>in</b>	
9.	<b>Permanent/Temporary</b> <b>Address</b>		
10.	<b>Mobile No.</b>		
11.	<b>e-mail</b>		

**Copy of Mandatory Documents to be attached:**

- 1.Mark-sheet of Matriculation/SSLC
- 2.Proof of Identity (Any one - Aadhaar Card/ Voter ID/ Driving License/Ration card)
- 3.Medical fitness certificate.

**Self –Declaration**

I hereby declare that all the details given by me in this Application are true and correct to the best of my knowledge.

Place:  
Date:

Signature of Candidate

## Affidavit

Before,

The Chief instructor ( CI).  
Workshop Training Center ( WTC),  
Central Workshops, Ponmalai

I \_\_\_\_\_ (deponent)  
S/o/D/o/W/o \_\_\_\_\_ (Father's  
/Husband Name) Aged \_\_\_\_\_, Residing at \_\_\_\_\_

\_\_\_\_\_  
(Address of deponent) solemnly affirm on oath as under:-

1. That I am the resident of above mentioned name & address and no one else in the above name & address is known to my knowledge.
2. I am selected for the training under "Rail Kaushal Vikas Yojna" (RKVY) in the Workshop Training Centre, Ponmalai for the period from \_\_\_\_\_  
I will follow the rules of the organization in respect of full safety of jobs, tools, gauges, machines, equipments, human etc.
3. I will not indulge in any activity which jeopardizes my safety or that of fellow workers and I will also not be part of any unethical activity.
4. At present no FIR is lodged against me.
5. I am well aware that my training is under "Rail Kaushal Vikas Yojna" and will have no claim to seek employment on Railways on the basis of such training.
6. My selection is for Training purpose only and after completion of aforesaid training, I will not be making any illegal pressure on Central Workshop Railway administration for permanent appointment.

Deponent

### Verification

I, the above name deponent do hereby verify and declare that the contents of the Affidavit are true and correct to the best of my knowledge and belief. No part of it is false and nothing material has been concealed therein.

Deponent.

SOUTHERN RAILWAY  
Medical Fitness Certificate (under Skill Development Program(RKVY))  
Entry Level Skill training at Workshop Training Centre

This is to certify that I have examined  
Shri/Smt/Kumari.....

S/o/D/o/W/o.....

and find that he/she is physically fit on physical/Vision/hearing/mental  
parameters and is not suffering from communicable diseases

He/She is medically found fit to work in an industrial environment

Signature of the Candidate  
(To be signed in the presence of the Medical Officer)

Date:

Signature of Medical Officer: .....  
Name of the Medical Officer: Dr. ....  
Registration No: .....

Seal.