



स्टील अथॉरिटी ऑफ इण्डिया लिमिटेड

भर्ती विभाग, स्कोप मीनार (16 वॉ तल), लक्ष्मी नगर जिला केंद्र, दिल्ली-110092

STEEL AUTHORITY OF INDIA LIMITED

RECRUITMENT DEPARTMENT

16th Floor, Scope Minar, Laxmi Nagar District Centre, Delhi-110 092

पासपोर्ट
फोटो चिपकार्
Affix Passport
Photograph

कार्यपालक पदों के लिए आवेदन पत्र

BIO-DATA FOR EXECUTIVE POSITIONS

(Write in Capital Letters only)

रोल नं० Roll Number		आवेदित पद Post Applied For	
पूरा नाम Full Name			
जन्म तिथि Date of Birth	D D M M Y Y Y Y	स्वनगर Home Town	
पिता/पति का नाम Father's/Husband's Name			
डाक का पता Mailing Address			
फोन नं०/Ph. No. With STD Code		पिन कोड Pin Code	
Mobile No.		ईमेल आई.डी./E-Mail I.D.	
स्थायी पता Permanent Address			
फोन नं०/Ph. No. With STD Code		पिन कोड Pin Code	
Mobile No.		ईमेल आई.डी./E-Mail I.D.	
वर्ग Category	सामान्य General	अनुसूचित जाति S.C.	अनुसूचित जनजाति S.T.
			अन्य पिछड़ा वर्ग OBC(NCL)
			ई.डब्ल्यू.एस. EWS
क्या आप शारीरिक रूप से विकलांग हैं Do you belong to Physically Handicapped Category	Yes	No	अगर हां, किस किस्म की विकलांगताएं if yes, type of disablement
'सेल' या इसकी सहायक कंपनी के कर्मचारी Employee of SAIL or its Subsidiary	हां Yes	नहीं No	यदि हां, तो विवरण दें। If Yes, give details
			संयंत्र/यूनिट Plant/Unit
			पदनाम Designation
			कर्मचारी संव Staff No.
			ग्रेड Grade
राष्ट्रियता (जन्म से/अधवास से) Nationality (By Birth / Domicile)	धर्म Religion	वैवाहिक स्थिति Marital Status	स्त्री / पुरुष Female / Male

गलत सूचना अथवा जाली/नकली दस्तावेजों के आधार पर रोजगार पाने का कोई भी प्रयास करने से आवेदन पत्र रद्द किया जा सकता है

और यहां तक कि उम्मीदवार के खिलाफ कानूनी कार्रवाई भी की जा सकती है।

ANY ATTEMPT TO GET EMPLOYMENT ON THE BASIS OF FALSE INFORMATION OR ON FORGED/FAKE DOCUMENTS WILL ENTAIL REJECTION OF APPLICATION & EVEN RENDER THE CANDIDATE LIABLE FOR PROSECUTION.

शिक्षा (मैट्रिक और उससे आगे) /Education (from Matriculation onwards)

क्रमिक S.No.	उत्तीर्ण परिक्षाएं Examinations Passed	प्राप्त प्रमाण पत्र/ डिग्री * Certificate/ Degree obtained*	बोर्ड/विश्वविद्यालय का नाम Name of Board/ University	उत्तीर्ण करने का महीना तथा वर्ष Month & Year of passing	श्रेणी Division	प्राप्तांको का प्रतिशत Percentage of marks	क्रम Rank	केवल कार्यालय के उपयोग के लिए For Office use only
1	मैट्रिक/समकक्ष Matric (10th) or equivalent							
2	उच्चतर माध्यमिक/समकक्ष Sr.Secondary(Plus2) or equivalent *							
3	स्नातकी Graduation							
4	स्नातकोत्तरी Post-Graduation							
5	अन्य योग्यता अगर कोई हो Other qualification, if any							
6	अन्य योग्यता अगर कोई हो Other qualification, if any							

* कृपया वास्तविक प्रमाण-पत्र/डिग्री का उल्लेख करें। * Please specify actual certificate/degree obtained.

निम्नलिखित में अध्ययन के विषय /Subjects studied in the :

स्नातकी Graduation	स्नातकोत्तरी Post-Graduation

व्यावसायिक प्रशिक्षण, अनुसंधान कार्य आदि का विवरण :

Details of Vocational Training , Research Work Publication etc. ;

तारीखें Dates	विवरण Particulars

भाषाएं-जो जानते हैं Languages Known	बोल सकते हैं Speak	पढ़ सकते हैं Read	लिख सकते हैं Write

कार्य अनुभव /Work Experience :

नियोजक का नाम (कृपया वर्तमान नियोजन से प्रारम्भ करें) Name of Employer (Please start with present employment)	पद तथा कार्य की प्रकृति Post held & Nature of Job	अवधि Period		वेतनमान, मूल वेतन तथा भत्ते Scale of pay, basic pay & allowances	छोड़ने का कारण Reason for leaving
		से From	तक To		

प्रायःतर क्रियाकलाप/ Extra - Curricular Activities :

	स्कूल में At School	कालेज में At College	अन्य कहीं Elsewhere
पदीय स्थिति, जैसे प्रीफेक्ट, युनिघन पदाधिकारी, कैप्टन आदि Official Position , e.g. Prefect, Union Officer, Captain etc.			
सोसाइटियों तथा क्लब की सदस्यता, पद आदि Societies and Clubs' Membership, Office held etc.			
खेल-कूद की उपलब्धियां, धारित पद जैसे सचिव, कप्तान आदि Sports Achievements, Office held , e.g. Secretary, Captain etc.			

सम्बन्धियों के अतिरिक्त दो व्यक्तियों का नाम एवं पता जिन्हें हम संदर्भ के लिए लिख सके :

Name and address of two persons other than relatives to whom we may write for reference :

1	2

परिवार का ब्यौरा / Family Details :

(पति/पत्नी, माता-पिता, बच्चों तथा भाई और बहनों का ब्यौरा)

(Details of spouse, parents, children, brothers and sisters)

नाम Name	संबंध Relationship	आयु Age	योग्यता Qualification	व्यवसाय ब्यौरा Occupational Details	
				धारित पद Post held	संगठन का नाम Name of Organisation

अन्य कोई सूचना / Any other information :

मैं प्रमाणित करता हूँ कि मेरे सर्वोत्तम ज्ञान एवं विश्वास के आधार पर उपरोक्त दी गयी सारी सूचना सत्य है।
I certify that all the information given above are true to the best of my knowledge and belief.

हस्ताक्षर / Signature

तारीख / Date :

नाम / Name :

केवल कार्यालय के उपयोग के लिए
FOR OFFICE USE ONLY

जन्मतिथि सत्यापित की व प्रतिलिपि प्राप्त की Date of birth verified & copy received	द्विग्री की जांच की व प्रतिलिपि प्राप्त की Degree checked & copy received	अनुभव प्रमाण-पत्र की जांच की व प्रतिलिपि प्राप्त की Experience certificate checked & copy received	अनापत्ति प्रमाण-पत्र प्राप्त किया No objection Certificate received	फोटो प्राप्त किया Photographs received	अनुसूचित जाति/जनजाति/अन्य पिछड़ा वर्ग/विकलांग/ई.डब्ल्यू.एस. प्रमाण-पत्र जांच व प्रतिलिपि प्राप्त की SC/ST/OBC/PH/EWS Certificate checked and copy received

टिप्पणियाँ
Remarks

प्राप्ति की तारीख एवं स्थान
Date of interview & Place

नाम एवं सत्यापन अधिकारी के हस्ताक्षर
Name & Signature of Verifying Official



STEEL AUTHORITY OF INDIA LIMITED

CALCULATION OF AGGREGATE PERCENTAGE OF MARKS

POST APPLIED FOR:

ROLL NO. : NAME :

QUALIFICATION WHICH MAKES YOU ELIGIBLE :

COLLEGE/INSTITUTE :

UNIVERSITY :

YEAR	SEMESTER MARKS	MAXIMUM MARKS	TOTAL OF MARKS	PERCENTAGE SECURED
1ST	SEMESTER-1			
	SEMESTER-2			
2ND	SEMESTER-3			
	SEMESTER-4			
3RD	SEMESTER-5			
	SEMESTER-6			
4TH	SEMESTER-7			
	SEMESTER-8			
5TH	SEMESTER-9			
	SEMESTER-10			
	GRAND TOTAL			

AGGREGATE% OF MARKS SECURED :

CERTIFIED THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

PLACE :SIGNATURE :

DATE :NAME :

NOTE:

1) In case of CGPA indicate equivalent % of marks.

SC/ST Certificate Proforma

FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES OR SCHEDULED TRIBES CANDIDATES

This is to certify that Shri/Shrimati/Kumari* _____ son/daughter* of _____ of Village/Town* _____ District/Division* _____ of State/Union Territory* _____ belongs to the _____ Scheduled Caste/Scheduled Tribe* under :-

* The Constitution (Scheduled Castes) Order, 1950

* The Constitution (Scheduled Tribes) Order, 1950

* The Constitution (Scheduled Castes) (Union Territories) Order, 1951

* The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

* The Constitution (Jammu and 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 (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;

* The Constitution (Dadara and Nagar Haveli) Scheduled Tribes Order, 1962;

* The Constitution (Pondicherry) Scheduled Castes Order, 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 and Kashmir) Scheduled Tribes Order, 1989;

* The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;

* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;

* The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991;

2. # This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes* Certificate issued to Shri/Shrimati* _____ father/mother* of Shri/Shrimati /Kumari* _____ of Village/Town* _____ in District/Division* _____ of the State State/Union Territory* _____ who belong to the Caste/ Tribe* which is recognised as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* _____ issued by the _____ dated _____.

3. Shri/Shrimati/Kumari* _____ and/or* his / her* family ordinarily reside(s)** in Village/Town* _____ of _____ District/Division* of the State Union Territory* of _____.

Signature: _____

Designation _____

(with seal of the Office)

Place: _____ State/Union Territory* _____

Date: _____

* Please delete the word(s) which are not applicable.

* Please quote specific Presidential Order

* Delete the paragraph which is not applicable

Applicable in the case of SC/ST Persons who have migrated from another State/UT.

IMPORTANT NOTES

1. The term "ordinarily reside(s)**" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

2. Officers competent to issue Caste/Tribe certificates:

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector /Ist Class Stipendiary Magistrate/City Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub-divisional Officer of the area where the candidate and/or his family normally reside(s).

(v) Administrator/Secretary to Administrator/Development Officer (Lakshdweep Island).

3. Certificate issued by any other authority will be rejected

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA
AND CENTRAL GOVERNMENT PUBLIC SECTOR UNDERTAKING

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 recognized as a Backward Class under the Government of India, Ministry of Social Justice and
Empowerment's Resolution No.dated
.....*.

Shri/Smt./Kumari.....and/or his/her family ordinarily
reside(s) in theDistrict/Division of the
State/Union Territory.

This is also to certify that he/she does not belong to the persons (Creamy Layer) mentioned in
column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M.
NO.36012/22/93-Estt.(SCT) dated 8.9.1993**.

District Magistrate
Deputy Commissioner etc.

Dated:

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 is mentioned 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/UNDERTAKING - FOR OBC (Non Creamy Layer) CANDIDATES ONLY

I, Mr./Ms. _____ son/daughter of Shri
_____ resident of village/town/city
_____ district _____ State _____ hereby declare
that I belong to the _____ community which is recognised 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
8/9/1993. 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
8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum
No.36033/3/2004 Estt.(Res.) dated 9/3/2004 and further modified vide OM No
36033/3/2004-Estt.(Res.) dated 14/10/2008 or the latest notification of the Government of
India.

I also declare that the condition of status/annual income for 'Creamy Layer' of my parents is
within prescribed limits as on financial year ending on March 31,

Signature of the Candidate

Place:

Date:

Note : Declaration/undertaking not signed by Candidate will be rejected

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

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. 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)

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.

Form – II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP 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 _____ Age _____ Years, Male/Female _____

(DD/MM/YY)

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
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) He/She has _____% (in figure) _____ percent
(in words) permanent physical impairment/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 and Seal of Authorised Signatory
of notified Medical Authority)**

Signature/Thumb
impression of the
person in whose
favour disability
certificate is issued.

Form – III

Disability Certificate
(In cases of multiple disabilities)
(See rule 4)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)**

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

Certificate No.

Date:

This is to certify that we have carefully examined
Shri/Smt./Kum. _____ Son/Wife/
daughter of Shri _____

Date of Birth _____ Age _____ Years, Male/Female _____
(DD/MM/YY)

Registration No. _____ permanent resident of House
No. _____ ward/Village/Street _____

Post Office _____ District _____

State _____ 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 :

S.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 _____ years _____ months, and therefore this certificate shall be valid till _____.

(DD) (MM) (YY)

@ 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.

--	--	--

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.

Form – IV

Disability Certificate
(In cases of other than those mentioned in Forms II and III)
(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP 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 _____ Age _____ Years, Male/Female _____
(DD/MM/YY)

Registration No. _____ permanent resident of House
No. _____ ward/Village/Street _____ Post
Office _____ District _____ State _____

whose photograph is affixed above, and 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) and is
shown against the relevant disability in the table below :

S.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		

(Please strike out the disabilities which are not applicable)

2. The above 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 _____ years _____ months, and therefore this certificate shall be valid till _____.

(DD) (MM) (YY)

@ 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

**(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)}

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.”

Note: The principal rules were published in the Gazette of India vide notification number SO.908 (E), dated the 31st December, 1996.

**Steel Authority of India Limited
New Delhi**

{ Undertaking for outside candidates only }

Dated :

To

GM (P-MPP & RECTT.)
SAIL, 16th floor Scope Minar
Laxmi Nagar Distt. Centre
Delhi – 110092.

Sub : Undertaking related to posting and transfer

Dear Sir,

I, _____ S/o / D/o Shri _____
hereby give an undertaking with full knowledge and understanding, that in the event of
my selection as _____ in SAIL, I am willing to be
posted at any Plant/Unit location of the Company. I further undertake that I will not
seek/apply for transfer to any other plant/unit of the Company for initial four years.

Thanking you,

Yours faithfully,

Signature _____

Name : _____

Roll No. _____

Discipline _____

Steel Authority of India Limited
New Delhi

{ Undertaking for Departmental Candidates only }

Dated :

GM (P-MPP & RECTT.)
SAIL, 16th floor Scope Minar
Laxmi Nagar Distt. Centre
Delhi – 110092.

Sub : Undertaking related to Posting and transfer

Dear Sir,

I, _____ Employee No. _____, Designation _____ Plant/Unit _____ hereby give an undertaking, with full knowledge and understanding, that in the event of my selection as _____ in SAIL, I am willing to be posted at any Plant/Unit of the Company. I further undertake that I will not seek/apply for transfer to my parent Plant/Unit for initial two years.

Thanking you,

Yours faithfully,

Signature _____

Name : _____

Roll No. _____

Discipline _____

STEEL AUTHORITY OF INDIA LTD
NEW DELHI

NO.PER/REC/ C-.....:

Dated :

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Shri/Ms. _____
has attended the interview for the post of
_____ at _____ centre on
_____.

No TA/DA has been paid to him. TA/DA may be paid as
per rules of the Company.

Signature of SAIL Representative

Name :

Designation :



STEEL AUTHORITY OF INDIA LIMITED

16th Floor, Scope Minar, Laxmi Nagar District Centre, Delhi-110092
TRAVELLING EXPENSES CLAIM FORM

POST APPLIED FOR..... NAME..... ROLL NO.....

DATE OF INTERVIEW..... PLACE OF INTERVIEW.....

PARTICULARS OF JOURNEY

1.	Onward Journey		Mode of Travel (Rail/Road)	Distance In Kms.	Ticket No. (s)	Amount	
	From	To				Rs.	P.
2.	Return Journey						
	From	TO					
						Total Rs.	

Rupees (in words).....

I certify that the above amount has been spent by me on account of Road / Rail-fare/Rail Reservation and / or sleeper charges for attending the interview. A photo copy of the ticket as mentioned above is enclosed.

Date

Signature of Candidate

INSTRUCTION

1. In case the place from where you have been called for interview is not connected by Rail, please state the name of the nearest Railway Station and its distance from the place of residence
2. A Railway employee should enclose a certificate from the appropriate authority to the effect that he/she was not provided with free railway pass or P.T.O. to cover the journey. In case he/she travelled on a P.T.O. the reimbursement will be restricted only to the amount spent on P.T.O.

FOR OFFICE USE ONLY

HEAD OF ACCOUNTS : RECRUITMENT EXPENSES

Pay Rs.....	
Rupees.....	
.....	
Signature of Verifying Official	Signature of Sanctioning Authority

Received Rs.....(Rupees.....only)

Date.....

Signature of candidate
(One Rupees revenue stamp to be affixed)

Check list for verification of documents for MT(T)
(Please attach signed checklist in main file with documents/certificates)

S.No	<u>Documents for Verification</u>	Documents check & received
1.	<u>4 copies of Biodata with 4 photos</u> <ul style="list-style-type: none"> • Preliminary check of all 4 bio-data for completeness Match Name, Discipline, Photo, PH status, category 	YES/NO
2.	<u>Interview call letter copy - 1 copy received</u>	YES/NO
3.	<u>For DOB Verification-</u> Check Matriculation/Secondary School Passing certificate and check <ul style="list-style-type: none"> • Candidate Name, Father's Name, DOB, Check if DOB is within upper limit prescribed for particular category for candidate (given overleaf) 	YES/NO
4.	<u>Caste Certificate (SC/ST/OBC(NCL))</u> <ul style="list-style-type: none"> • Prescribed form signed by minimum Tehsildar • Check current financial year only for OBC – • Form of declaration to be submitted by OBC candidate. 	YES/NO YES/NO YES/NO
5.	<u>PWD -Minimum 40% Disability signed and check period of validity.(enclose certificate)</u> Check-OH(OL/OA)	YES/NO YES/NO
6.	<u>Departmental Candidates</u>	YES/NO
7.	<u>Qualification</u> MTT - Check whether regular Degree in Engineering with 65% marks (Average of all Semesters of all years). <ul style="list-style-type: none"> • Arrange marks % calculation sheet in MT(T) form. • Check Degrees & Mark sheets for all years and all semesters & keep copy attached. 	YES/NO YES/NO
8.	<u>Experience Certificate</u> NOC in case of candidates from PSU/Central or State Govt/Autonomous Bodies.	YES/NO
9.	<u>Undertaking for Others -</u> seeking transfer/posting for 4 years <u>Undertaking for Departmental candidates -</u> seeking transfer/posting for 2 years	YES/NO YES/NO
10.	<u>Take Undertaking if any document missing.</u> Undertaking for Non producing documents	YES/NO YES/NO
11.	Check TA Particulars – Give to finance for payment. Attendance certificate to Departmental Candidates for (No TA/DA has been paid to him) – only for departmental candidates	YES/NO
12.	<u>Biometric captured</u>	YES/NO
REMARKS		
(Signature of the candidates)		(Signature of Verifying official)