

**INTEGRAL COACH FACTORY, CHENNAI – 600 038**  
**Employment Notice No PB/RR/39/Sports - Open/01/2023 dated 08.01.2023**  
**Application form for Recruitment against Sports quota 2022-23 (Open Advertisement)**

Note: 1. Read the Notification carefully before filling up the application form.  
 2. No column in the application should be left blank

1. Name of the candidate : .....  
 (in Capital letters)
2. Father's Name : .....
3. i) Address : .....  
 .....  
 .....
- ii) Mobile No. : .....
- iii) Email id \* : .....
- iv) Adhaar No. : .....

Affix your recent  
 passport size photo-  
 graph duly self at-  
 tested

4. Date of Birth (As per matriculation/ITI certificate) :  
 (Self Attested legible photocopy of  
 Certificate of matriculation Xth Std/Secondary examination  
 indicating Date of Birth to be attached).

DD	MM	YYYY
----	----	------

5. Age (as on 01/07/2023) : .....Years.....Months.....Days:
6. Sex (M/F) : .....
7. Nationality : .....
8. Community (SC/ST/OBC/EWS/UR): .....
9. Minority (Yes/No): .....(If Yes, self declaration as mentioned in **Annexure II** to be attached)
10. Economic Backward Class (Yes/No).....  
 (If Yes, Income certificate in the prescribed format as given in **Annexure III** to be attached)
11. Personal Marks of Identification (To be filled compulsorily)
- (a).....
- (b).....
- 12.(a) Game..... (b) Position in team (if applicable):.....
13. Post & Level for which eligible and applied for.....  
 (Candidate must see para 2 of notification before filling the Post & Level, which should be filled up  
 as per the eligibility criteria given in the para 2 of notification.)
14. Details of attached Demand Draft/Indian Postal Order: (to be filled as per DD/IPO enclo-  
 sure attached) Bank/Post Office name.....DD/IPO No.....  
 Date.....Amount.....
15. Are you working in any Govt./PSU Organisation.....  
 (If yes NOC from the present employer should be enclosed)
16. Nearest Railway Station.....

17. Educational Qualification (Self attested marksheets of all the following certificates to be attached)

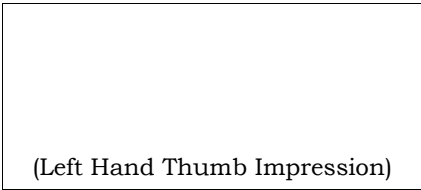
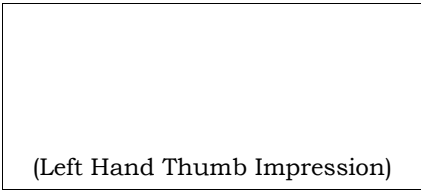
Sl.No.	Year	Examination passed

18. Brief of sports achievements on or after 01.04.2020 to 08.01.2023.  
(Self attested legible photocopies of all sports certificates to be enclosed along with list)

Sl.No.	Year	Sports Achievements

\* Communications to the candidate will be made to this email-id only. Hence, email-id should be maintained live till the end of the recruitment process.

I hereby declare that, I have carefully read the notification and filled in the above particulars.  
I hereby declare that all particulars given in this application are true.  
I am aware that if any of the above information furnished by me is found incomplete, incorrect or false, the application is liable to be rejected or if the same is detected after my selection/ appointment my services are liable to be terminated.

Place:   
Date:   
(Left Hand Thumb Impression)

Signature of the candidate

## 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. / Kum.\*.....son/  
daughter\* of Shri.....of Village/  
Town.....District .....in.....  
.....State belongs to.....community which is  
recognised as Backward Class under : (indicate the Sub Caste above)

- 1) Resolution No.12011/68/93-BCC@dated 10th September 1993, published in the Gazette of India - Extraordinary-part 1, Section 1, No.186, dated 13th September 1993.
- 2) Resolution No.12011/9/94-BCC, dated 19th October 1994, published in the Gazette of India - Extraordinary-part 1, Section 1, No.163, dated 20th October 1994.
- 3) Resolution No.12011/7/95-BCC, dated 24th May 1995, published in the Gazette of India - Extraordinary-part 1, Section 1, No.88, dated 25th May 1995.
- 4) Resolution No.12011/44/96-BCC, dated 6th December 1996, published in the Gazette of India - Extraordinary-part 1, Section 1, No.210, dated 11th December 1996.
- 5) Resolution No.12011/68/93-BCC, published in the Gazette of India - Extraordinary-No. 129, dated the 8th July 1997.
- 6) Resolution No.12011/12/96-BCC, published in the Gazette of India - Extraordinary-No. 164, dated the 1st September 1997.
- 7) Resolution No.12011/99/94-BCC, published in the Gazette of India - Extraordinary-No. 236, dated the 11th December 1997.
- 8) Resolution No.12011/13/97-BCC, published in the Gazette of India - Extraordinary-No. 239, dated the 3rd December 1997.
- 9) Resolution No.12011/12/96-BCC, published in the Gazette of India - Extraordinary-No. 166, dated the 3rd August 1998.
- 10) Resolution No.12011/68/93-BCC, published in the Gazette of India - Extraordinary-No. 171, dated the 6th August 1998.
- 11) Resolution No.12011/68/98-BCC, published in the Gazette of India - Extraordinary-No. 241, dated the 27th October 1999.
- 12) Resolution No.12011/88/98-BCC, published in the Gazette of India - Extraordinary-No. 270, dated the 6th December 1999.
- 13) Resolution No.12011/36/99-BCC, published in the Gazette of India - Extraordinary-No. 71, dated the 4th April 2000. Shri/Smt./Kum.\*.....and/or his/her family ordinarily reside(s) in the.....District of the.....State. 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.36033/3/2004-Estt. (Res) dated 09.03.2004.

Place :

Date :

DISTRICT MAGISTRATE / DY. COMMISSIONER ETC.  
\*Strike out whichever is not applicable (With Seal of Office)

NB : (a) The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation of Peoples Act 1950. (b) The Authorities competent to issue caste certificates are indicated below : (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / SubDivisional Magistrate / Taluk Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st class Stipendiary Magistrate) (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate (iii) Revenue Officer not below the rank of Tahsildar, and (iv) Sub-Divisional Officer of the area where the Candidate and or his family resides.

OBC CERTIFICATES SHOULD NOT BE OLDER THAN ONE YEAR FROM THE DATE OF CLOSURE OF THE EMPLOYMENT NOTICE.

**Annexure-II**

**Proforma for declaration to be submitted by Minority candidates along with the application for the posts against Employment Notice No. \_\_\_\_\_ Dated. \_\_\_\_\_**

**DECLARATION**

“I \_\_\_\_\_ Son/daughter of Shri \_\_\_\_\_ resident of \_\_\_\_\_  
Street \_\_\_\_\_ 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/Parsis/Jain).

Place:

Signature of the Candidate:

Date:

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 (Rs.20/-) that he belongs to any of the minority communities notified by Central Government (i.e Muslim/Sikh/Christian/ Buddhist/Parsis/Jain)

**FORMAT OF INCOME CERTIFICATE TO BE ISSUED ON LETTER HEAD OF ISSUING AUTHORITY  
(FOR ECONOMICALLY BACKWARD CLASSES CANDIDATES ONLY)**

**INCOME CERTIFICATE FOR WAIVER OF EXAMINATION FEE FOR RRB EXAMINATIONS**

**1. Name of candidate :**

**2. Father's Name :**

**3. Age :**

**4 Residential Address :**

**5 Annual Family Income : (in words & figure)**

**6 Date of Issue :**

**7 Signature of issuing authority:  
(Name of issuing authority)**

**8 Stamp of issuing authority :**

**Note:-**

- 1. Economically Backward classes will mean the candidates whose family income is less than Rs.50,000/- per annum.**
- 2. The following authorities are authorized to issue income certificates for the purpose of identifying Economically Backward Classes. :-**
  - (i) District Magistrate or any other Revenue Officer up to the level of Tahsildar.**
  - (ii) Sitting Member of Parliament of Lok Sabha for persons of their own constituency.**
  - (iii) BPL card or any other certificate issued by Central Government under a recognized poverty alleviations programme or Izzat MST issued by Railways.**
  - (iv) Union Minister may also recommend to Chairman/RRBs for any persons from anywhere in the country.**
  - (v) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.**

## FORM OF CASTE CERTIFICATE FOR SC/ST

**(The Form of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India)**

This is to certify that Shri / Shrimati /  
Kumari\*.....  
son/daughter\* of.....of Village /  
Town\*.....in  
District/Division\*.....of State / Union Territo-  
ry\*.....  
belongs to the.....Caste / Tribe\* which is recognized 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) 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 Re-  
organisation Act, 1960, the Punjab  
Re-organisation Act, 1966, the State of Himachal Pradesh Act, 1970 and the North Eastern Area (Re-organisation)  
Act, 1971 and the Scheduled  
Castes and Scheduled Tribes Orders, (Amendment) Act, 1976)  
The Constitution (Jammu & 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 (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 (Scheduled Tribes) (Uttar Pradesh) 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 @

Shri/Shrimati/Kumari \*.....and / or his / her\* family, reside(s)  
in village /  
town\*.....of\*.....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.

Note : 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 :

\*\* District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collec-  
tor / 1st Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant  
Commissioner (not below the rank of 1st class Stipendiary Magistrate) Chief Presidency Magistrate / Additional Chief Presidency  
Magistrate / Presidency Magistrate / Revenue Officers not below the rank of Tahsildar / Sub-Divisional Officer of the area where the candidate  
and / or his / her family normally reside(s).

Note : ST Candidates belonging to Tamilnadu State should submit caste certificate ONLY from the REVENUE DIVISIONAL OFFICER.

**FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PwBD)**

Certificate No.....

Paste here your recent color photograph showing the disability (The photograph should be attested by the Chairperson of the Medical Board)

**DISABILITY CERTIFICATE**

1. This is certified that Smt./Shri /Kum\*..... son/  
daughter\* of Shri..... age.....  
sex Male/Female having identification marks as (1) .....  
(2)..... is suffering from permanent  
disability of following category :

- (a) Blindness and low vision;**
- (b) Deaf and hard of hearing;**
- (c) Locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy;**
- (d) Autism, intellectual disability, specific learning disability and mental illness;**
- (e) Multiple disabilities from amongst persons under clauses (a) to (d) including deaf-blindness**

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  
\*Please delete the words which are not applicable

**(Signature of Doctor)**  
Name :  
Registration No. :  
Member, Medical Board  
\*Please delete the words which are not applicable

**(Signature of Doctor)**  
Name :  
Registration No. :  
Member, Medical Board  
\*Please delete the words which are not applicable

Desig:  
Office Seal:  
Place :  
Date :

Desig:  
Office Seal:  
Place :  
Date :

Desig:  
Office Seal:  
Place :  
Date :

**Counter signature of the Medical Superintendent/CMO/  
Head of Hospital (with seal)**