

SOUTHERN RAILWAY
RAILWAY RECRUITMENT CELL, CHENNAI-600 008.
 Selection to the Post of GDCE-Goods Guard /2019

Paste here a copy of
 your recent passport
 size photograph
 taken with in one
 month

Date of Document Verification :

1. On-line Examination Roll No.
2. Name of the Candidate (in Block Letters)(Name Followed by Initials)
3. Father's/Husband's Name
4. Date of Birth Age
5. Designation /Station & Department
6. Division/ Workshop Unit
7. PF / PRAN No.
8. Present Level in Pay Matrix
9. Date of Regular Appointment
10. Religion
11. Community (tick appropriate column) :

<i>UR</i>	<i>SC</i>	<i>ST</i>	<i>OBC</i>
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12. Address for Communication with Contact Phone/ Mobile No.....

13. Academic/Technical Qualification (Write Your Qualification)

Qualification	Year & Month of Passing	School/Board/University	Percentage	Pass/ Fail

14. List of Photostat of Certificates/ Documents which candidates is submitting along with Originals in verification in proof of the following:

a)	Date of Birth: (Proof for DOB)	
b)	Community: (proof for Community Certificate)	
c)	Qualification: (proof of your degree qualification from recognized University)	

15. Personal Marks of Identification:

- (i)
- (ii)

DECLARATION

(To be filled in by the employee in his own running handwriting in the space given below)

I hereby declare that all the particulars furnished by me in my application are true and correct to the best of my knowledge and belief. The copy of Certificates enclosed by me is genuine and issued in my favour. I am aware that in the event of any information furnished by me is found false / incorrect at any stage, even after my selection, my selection will be rejected/ terminated summarily and I am also liable for departmental action. I am also aware that, in the event of my selection, I am liable to be posted anywhere in Southern Railway.

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(Signature of the Employee)

Name:.....

Date :.....

Place :.....

**To be certified by the Supervisor under whom the candidate is working at present
(No admittance without Supervisor Certificate)**

Certified that Sri. _____ S/D/W/o _____

Is working under me at present has Designation _____ . It is further certified that the details as to age, Educational Qualification & Designation are checked and found to be correct.

Supervisor's Signature :.....

Office Seal:

Name of the Supervisor:.....

Date:

Designation:.....

(For Office use only (RRC))

Signature of the Verifying Staff

Name:.....

Designation:.....

Date:.....