

SOUTHERN RAILWAY RAILWAY RECRUITMENT CELL

CHENNAI - 600 008.

APPLICATION FORM FOR RECRUITMENT IN SOUTHERN RAILWAY FOR THE YEAR 2019 - 2020 Employment Notification No. RRC 02 / 2019/S&G dated 19.10.2019

1. Name of the Candidate (Name in CAPITAL letters followed by initials) 2. Father's / Husband's name 3. Nearest Railway Station 4. Address for Communication Paste here a copy of your recent passyon on taken within one month one m	Quota applied for [Sco	outs 8	& Guid	des Qu	ıota (l	_evel -	1)		Scout	s & G	uides	Quota	(Leve	el - 2')
3. Nearest Railway Station 4. Address for Communication State:																		
3. Nearest Railway Station 4. Address for Communication State:																		
Address for Communication State: PIN	2.Father's / Hush	band's nan	ne															
State:	3.Nearest Railv 4.Address for Co	way Statior mmunicati	n ion															
SSLC / Matric Matric SSC ITI Course completed Act Apprentice Diploma Mon-Technical Graduate Post Graduate	State:																	
Persons with Disabilities	SSLC /	HSC /	Course completed Diploma Non-Technical Technical							luate								
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Hindi Urdu English Tamil Malayalam Telugu Kannada 14. Write Personal marks of Identification: (1)		Handica	Visually Hearing Or Handicapped Handicapped H			andicapped (HH) Judicially separated Economically			ed F	Railway Jammu &		ıu &	Adm	ninistra ffices o	ative of			
Hindi Urdu English Tamil Malayalam Telugu Kannada 14. Write Personal marks of Identification: (1)	10. Obsess and			la Occastia	- D	. !		£ \ \ / ·	.: F		T: ala /	. /\			1			
14. Write Personal marks of Identification: (1)									annad	a								
2). 15. Details of IPO / DD Number: Date Date Date: Date: Left Hand Thumb Impression Signature of the Candidate		 al marks o						Tarrin					•				armaa	<u>u</u>
Name of the Post Office / Bank & Place	(') - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '																	
Date: Left Hand Thumb Impression Signature of the Candidate										. Da	ate							_
Left Hand Thumb Impression Signature of the Candidate	Place:																	
Left Hand Thumb Impression Signature of the Candidate	Date:																	
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To be filled in by candidates applying for Recruitment against Scouts & Guides Quota only for the year 2019 – 2020 ('Level 1' / 'Level 2')

16. Scouts & Guides Qualification

Write President's Scout / Guides / Ranger / Rover (or) Himalayan Woodbadge Holder in the table below.								
Name of the Award	Unit and State to which attached at the time of qualifying for Award	Year	Certificate No. Date					

17. Scouts & Guides Activities

Year (April – March)	Name of event Indicate the level, viz. National / State / District / Unit/ Group	From	То	Certificate No. & Date
2014-15				
2015-16				
2016-17				
2017-18				
2018-19				
2019-20 (Till Date)				

18. Scouts & Guides Qualifications (Self attested Photostat copies of certificates to be enclosed)

SI.No.	Name of event in which participated	Place	From	То	Certificate No. & Date			
A.	Participation/Service rendered in National level Events/National Jamboree (Including All India Railway Events)							
	De tiri di a (Occidente di a Occidente de (Palli							
В	Participation/Service rendered in State Events/Ralli	es						
C.	Specialised Scout/Guide Course organised at National/State/All Indian Railways level							
D.	Participation at District Rallies							

DECLARATION BY THE CANDIDATE

I hereby declare that all the particulars given in this application are true and correct to the best of my knowledge and belief. In the event of any information being found false, my candidature / appointment is liable to be cancelled / terminated at any stage, without any notice. I hereby declare that in the event of my selection, I will participate regularly in the Scouts & Guides activities at all levels. Further, I will serve the Scouts & Guides movement for at least 10 years from the date of my appointment.

Place :	Signature of the candidate:						
Date :	Pate : Name of the Candidate :						
DE	ECLARATION OF TH	E GROUP LEADER					
The particulars given by Mr./Ms. item No.16, 17 & 18 are verified consideration for 'Level 2' post again	d and found correct	and his / her application is					
Place :	Signature	:					
Date :	Name	:					
	Official Address	3:					
Countersigned by State / District	Commissioner or St	ate / District Secretary (Sco	uts & Guides)				
Place :	Signature	:					
Date :	Name	:					
	Designation	:					
Office Seal		s:					
	CERTIFICATE OF	ACTIVENESS	ANNEXURE-I				
	CERTIFICATE OF	ACTIVENESS	ANNEXURE-I				
		C	Certificate No				
This is to certify that District / Division is an active mem registered with the State/District As	ber of						
Date:							
(Name & Sign) Group Leader (S/G)	(Name & DOC / (S		(Name & Sign) DC (S/G)				

DC (S/G)