



**SOUTH WESTERN RAILWAY
RAILWAY RECRUITMENT CELL**

Old GM's Office Complex, 2nd Floor, Club Road, Keshwapur, Hubballi-580023

No.SWR/RRC/564/Level-1 posts/2019 (PwBD)

Date: 23.12.2019

NOTICE

Sub: Considering cases of those MD category PwBD candidates with minimum cut-off score who have filled in/opted inadvertently only against single Disability of LD, VI or HI in the CEN 02/2018 in Level-1 recruitment

(LAST DATE FOR SUBMISSION OF REPRESENTATION ON 07.01.2020 at 17.00 Hrs.)

Representations have been received that, some PwBD candidates who are actually having Multiple Disabilities (MD) in terms of revised PwBD Act and posts notified, have nevertheless filled in only one of the erstwhile three Disability categories of Locomotor Disability (earlier Orthopedically Handicapped, Visually Impaired (VI) or Hearing Impaired (HI). **To be eligible for consideration under MD category, candidates should have filled in/opted for more than one Disability among the three Categories of LD, VI and HI** in terms of the corrigendum to the CEN 02/2018 notification dated 28th February 2018.

The corrigendum dated 28th February 2018 to CEN 02/2018 was the first such recruitment notification to include the MD Category reservation in terms of the revised PwBD Act (RPWD Act, 2016). Further, any affected candidates not been considered as MD due to their not filling in the application form properly, have, in any case been considered as per eligibility and merit under one of the other three Disability categories of LI, VI or HI.

Considering however the overall facts and circumstances of the matter, it has now been decided as a special dispensation that candidates with minimum qualifying score in the CBT **who actually belong to MD category of Disability** but have inadvertently filled in only one Disability among LI, HI and VI on-line in the CEN 02/2018 corrigendum notification referred to above, will now be able to represent for being considered under the unfilled MD vacancies of that Railway, subject to availability of suitable posts and fulfilling other eligibility conditions.

Accordingly, all those candidates who satisfy the benchmark criteria of Disability under MD Category (that is, prescribed benchmark in more than one among LD, VI and HI Disabilities) and who have secured more than the relaxed minimum qualifying 'cut-off' score in the CBT written exam (which is **38 for UR and 28 for reserved community PwBD candidates**) may submit an representation giving their application details in the enclosed format and enclosing proof of their MD category status, **within 15 days of this notification**. Proof of Multiple Disabilities can be submitted either as duly filled in Form-VI for MD category that was enclosed with corrigendum to the CEN 02/2018 notification on 28/02/2018, or as separate valid Disability certificates certifying benchmark disability for more than one Category among LD, HI and VI Disability categories.

This representation, along with proof of Multi Disabilities as mentioned above, is to be submitted to the Chairpersons/RRC of the Railway for which the candidate had earlier opted **for within 15 days of issue of this notification**. Submission can be either as a scanned and legible pdf upload on the email id provided in this notification, or by speed post/registered post to the address of the RRC provided below. This should be submitted only to the Railway RRC opted for at the time of original application; **no change in option for Railway will be considered. Incomplete/wrongly addressed / illegible representations will be summarily rejected**. Subject to verification of details provided and satisfying all other eligibility conditions, representations of such MD candidates scoring above the relaxed minimum qualifying 'cut-off- of 38 (for UR) and 28 (for reserved community) may be considered as per merit position for short listing against suitable unfilled MD vacancies of the Railway.

It may be noted that those who do not satisfy Multi Disability criteria as specified in the RPWD Act, 2016 and who do not enclose proof of the same as in the enclosed Annexure, need not apply/represent. Also, those who have not obtained the relaxed minimum qualifying score of 38 (for UR) or 28 (for reserved community) in the written CBT need not apply/represent. Representations from ineligible candidates will not be entertained. Those who are eligible should represent/apply only to the RRC of the Railway they had originally opted for in their application form.

Publication of this notification or considering of any representations based on the same will not confer any rights of appointment on any applicant. Railways reserve all right in the matter.

Closing Date & Time of Representations: **07-01-2020** up to 17.00 Hrs

Address to which representations are to be sent

Address of Railway Recruitment Cell : Chairman,
(For Speed Post/Registered Post) Railway Recruitment Cell, Hubballi
Old GM's Office Complex, 2nd Floor,
Club Road, Keshwapur, Hubballi
Dist: Dharwad, State : Karnataka -580023

E-mail Id (by email in pdf format) : rrcswr@gmail.com

CHAIRMAN
Railway Recruitment Cell,
South Western Railway Hubballi

FORMAT OF REPRESENTATION

S. No.	Name of Applicant	Postal address, mobile No. and Email ID	Registration No.	Roll No.	Score obtained in CBT	Zonal Railway already opted	Nature of Multiple Disability (any one only to be ticked)				Document enclosed as proof of Disability (Certificate No., date and issuing authority)	Any other remarks
							LD+VI	LD+HI	VI+HI	LD+VI+HI		

-: Declaration :-

I declare that particulars submitted above are correct and true and that no material information has been concealed. I also understand that merely submitting this representation in no way entitles me for selection/recruitment against MD quota, which is subject to merit position, availability of suitable posts, number of unfilled vacancies, and other eligibility conditions.

Signature of Applicant

Date:

Place:

FORM-VI

**Certificate of Disability
(In case of multiple disabilities)**

[See Rule 18(1)]

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

Certificate No.: Date:

1. This is to certify that we have carefully examined Shri/Smt./Kum
.....son/wife/daughter

Of Shri.....Date of Birth.....(DD/MM/YYYY)

Age.....years, Male/Female.....Registration No.

.....Permanent Resident of House No.....Ward/Village/Street

.....whose photograph is affixed above and are satisfied that:

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

(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	Locomotors Disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low Vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism Spectrum Disorder			
15	Mental illness			
16	Chronic Neurological Conditions			
17	Multiple Sclerosis			
18	Parkinson's Disease			
19	Hemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her overall 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/afterYearmonths, and therefore this certificate shall be valid till
.....(DD/MM/YYYY)

@ 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

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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