



NORTHEAST FRONTIER RAILWAY
RAILWAY RECRUITMENT CELL
Station Colony, Panbazar,
Guwahati-781001, Assam.

NOTIFICATION FOR ENGAGEMENT OF ACT APPRENTICES OVER N.F.RAILWAY
FOR THE YEAR 2020-21, 2021-22 & 2022-23

SCHEDULE		
(i)	Date of publication of Notification on Website	30-05-2022
(ii)	Opening date & time of Online Application	01-06-2022 at 11:00 hrs
(iii)	Closing date & time of Online Application	30-06-2022 at 22:00 hrs

ONLINE applications are invited from eligible candidates for engagement of Act Apprentices for imparting training under the Apprentices Act 1961 in the designated trades at Workshops/Units in **the jurisdiction of N.F. Railway against 5636 slots**. Applications complete in all respects should be submitted only ONLINE till 22:00 hrs. of the closing date.

1. Candidates should note and take cognizance of the fact that this is a Centralized Notification for engagement of Act Apprentices under the Apprentices Act 1961 for Northeast Frontier Railway units and Railway Recruitment Cell, Northeast Frontier Railway (RRC/NFR) has been nominated as nodal agency for obtaining ONLINE applications from candidates and preparation of their merit list. No physical copy of the application is required to be sent to RRC/Units. Candidates can submit their applications **ONLINE only on RRC/NFR's website www.nfr.indianrailways.gov.in** --> General Info → Railway Recruitment Cell GHY
2. After preparation of merit list, the same will be advised to respective Divisions/Units on N.F.Railway. Document verification will be held in opted Divisions/Units, as per the choice mentioned in the candidate's applications.
3. Candidates must note that no centralized merit list will be formed.
4. **MODE OF SELECTION:**

- 4.1 Selection will be **on the basis of merit list prepared** (trade wise, unit-wise, community-wise). The merit list in each unit will be **prepared on the basis of percentage of marks obtained in matriculation** (with minimum 50% aggregate marks) + **ITI marks in the trade in which Apprenticeship is to be done**. The panel will be on the basis of average of marks in the matriculation and ITI.

For the purpose of calculation of percentage of matriculation, marks obtained by the **candidates in all subjects will be reckoned and not on the basis of marks of any subject or a group of subjects like best of five etc.**

For the purpose of calculation of percentage of ITI marks, average marks mentioned in consolidated statement of marks for all semesters of the trade applied/marks mentioned in the provisional National Trade Certificate issued by NCVT/SCVT, will only be reckoned.

In case of false/wrong declaration of Marks, the candidature is liable to be cancelled.

- 4.2 In case of two candidates having the same marks, the candidates with older age shall be preferred. In case the date of birth is also same, then the candidate who passed matriculation exam earlier shall be considered first.

Disability Certificate

FORM - IV

(In cases other than those mentioned in Forms II and III)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See Rule 4)

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(DD/MM/YYYY).....Age.....years, Male/Female.....

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

photograph is affixed above and am satisfied that he/she is a case Disability. His/her extent of

percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown

against the relevant disability in the table below:

Sl. 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 yearsmonths 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
(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. The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

Annexure III

Northeast Frontier Railway

(To Be Certificate by the Government Authorised Doctor (Gazetted) NOT BELOW THE RANK ASSISTANT SURGEON OF THE CENTRAL./STATE MEDICAL SERVICES)

1. Name of the Candidate
2. Height/137 cms
Weight/25.4 kgs
Chest Expansion/
Not Less than 5cms.

Photo to be attested by
the Civil Surgeon who is
giving the certificate with
Signature and Seal

3. **EYES.**
Minimum Standard of
Visual Acuity (Bee-One)
(a) 6/9, 6/12 with or without glasses
(b) Binocular Vision
(c) Colour Vision

{There should be no evidence of any morbid condition of either eye or the lids of either eye which may be liable to risk aggravation or recurrence}

4. **EARS.**
Good Hearing without suppurative disease
No hearing permitted

5. **SKIN.**
No evidence of Acute or chronic skin
Disease or Chronic ulceration

6. **SPEECH.**
Should be preferably perfect without
impediment

7. ALIMENTARY SYSTEM

- 1) Should have sufficient number of natural
teeth (in Healthy State) for mastication
- 2) No oral sepsis
- 3) Spleen should not be palpable
- 4) Liver should not be palpable

Others

Should not suffer from the following

- a) Hemorrhoids
- b) Hernia/Hydrocele
- c) Bubonocele
- d) Ischio-rectal.talabsces

8. CARDIO, VASCULAR SYSTEM.

- a) Blood Pressure should not exceed 85 diastolic and 140 systolic
- b) No sign of cardio vascular disease.



9. RESPIRATORY SSTEM.

No deformation or chest causing impediment to breathing. Free from all disease of respiratory system. :

10. GENITO URINARY SYSTEM.

No Genitourinary disease or deformity :

11. SKELETAL SYSTEM.

No evidence of serious deformity of the spinal column of the extremities. :
The function of all limbs should be within normal limits. :

12. NERVOUS SYSTEM.

No disease of Nervous system of any mental disease:

13. GLANDULAR SYSTEM.

No evidence to Tuberculosis or disease of Glandular:

14. X'RAY OF LUNGS :

15. URINE SUGAR :

16. BLOOD GROUP :

The above named candidate is free from evidence of any contagious or infectious disease He/She is not suffering from any disease which is likely to be aggravated by service or likely to him/her unfit for service or to endanger, the health of the public. He/She is also free from avoidance of tuberculosis in any form (active or healed), and also certified that he/she fit to undergo Apprenticeship Training in Railway Establishments under the Apprentices Act 1961

Date:

(SIGNATURE OF THE GOVERNMFNT
AUTHORISED DOCTOR (GAZETTED)
(NOT BELOW THE RANK OF ASSTT.
SURGEON OF CENTRAL/STATE HOSPITAL
GOVERNMENT MFDICAL SERVICE)

NAME OF THE DOCTOR

Seal