

## 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 is 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:**