

NOTICE

No.: 91-AC-Katra-LP-2013 Dated : 02.09.2013

Requirement of licensed porters at Railway station Shri Mata Vaishno Devi Katra (J & K) of Firozpur Division

Sr. Divl. Comml. Manager Northern Railway, Firozpur for and on behalf of the President of India invites applications from able bodies person to work as licensed porters at Shri Mata Vaishno Devi Katra Railway Station of Firozpur Division for issuing 60 numbers of licenses for permission to carry passenger luggage as licensed porters. The details of stations alongwith requirement (based on category wise reservation i.e. 15% for SC, 7.5% for ST, 27% for OBC and 50.5% for general of total vacancies) of license porters is as under :-

S. No.	Name of Station	Total Vacancies	SC	ST	OBC	Un reserved
1	Shri Mata Vaishno Devi Katra	60	09	05	16	30

It may be noted that licensed porters cannot claim any right for employment with Railway and the license can be revoked at any time by Railway if conditions so warrant.

ELIGIBILITY CRITERIA

- 1. The applicant should not be below the age of 18 years as on 01.08.2013.
  - 2. The applicant should be local resident. At stations (other than metropolitan cities), the residence should be treated as local residence, if it is located with in same district in which the station, where the licensed porter is proposed to be engaged, is also located. For this, applicant will be required to submit a certificate of local residence viz. voter ID - card, driving license, ration card and domicile certificate issued by the competent authority. The application should be sent on the prescribed format along with documents as required.
- The application form and other related information is also available on the website of Northern Railway [www.nr.indianrailways.gov.in](http://www.nr.indianrailways.gov.in).

IMPORTANT NOTE

- 1. The photo should be attested by gazetted officer or headmaster of the school or Sarpanch of MLA or MP or Station Superintendent in - charge of nearest Railway Station, with half signature on the applicant form similarly for his/her office stamp.
- 2. The applicant should be forwarded by photo attesting authority with certificate as per item no 8 of the application format.
- 3. The application complete in all respect should be sent by Registered post with A/D to the **Chief Office Supdt. Commercial Branch, Divisional Railway Manager's office, Firozpur Cantt Punjab - 152001** on the prescribed Performa.
- 4. The applicant should also attach all relevant documents and two self address envelope with **Rs. 35/-** postage stamp affixed on each envelope.
- 5. The last date for receiving application shall be **27.09.2013** up to **17.00 hrs.** the application received after **17.00 hrs. on 27.09.2013** will not be considered.
- 6. Incomplete application will be rejected outrightly and no documents will be accepted subsequently after the receipt of application in office. The applicant must write on the top of envelope in bold and capital letters.

"APPLICATION FOR LICENSED PORTERS OVER FIROZPUR DIVISION"

- 7. Applicant may be subjected to suitable physical test to ascertain the physical ability to carry out the job of licensed porters. The norms will be as under :  
"All applicants would be required to undertake a physical Efficiency Test (PET), wherein, male applicants would be required to cover a distance of 1500 meters in 7 (Seven) Minutes and female applicants would be required to cover a distance of 400 meters in 3 (three) minutes.
- 8. Applicant should attach the proof of age, educational qualifications, experience in working as porters in Hostel/Airports/bus stand etc, and proof of antecedents viz. Scouts and Guides, wards of Railway Employee or Ex. Serviceman or Licensed porters.
- 9. The applicant should attach the fitness certificate in prescribed Performa from Registered doctor
- 10. Railway will not be responsible for any postal delay.
- 11. The applicant should submit the date of birth proof duly issued by Sarpanch, Commissioner of Municipal Corporation, Municipal Committee or school Certificate showing date of birth.

Application Format for Licensed Porters over Firozpur Division (To be submitted on plain paper of Photocopy)

- 1. Name .....
- 2. Father's Name .....
- 3. Permanent Residence Address .....
- 4. Date of Birth .....  
(The applicant should submit the date of birth certificate duly issued by Sarpanch. Commissioner of Municipal Corporation or Municipal Committee or school Certificate showing as proof of date of birth.)  
(Supporting documents to be attached) .....
- 5. Fitness Certificate .....  
(Certificate by Registered Doctor) .....
- 6. Character Certificate .....  
(Verification of Character from police station where you are residing )
- 7. Undertake that in the event of any information given above being found to be false or incorrect/inaccurate in any respect the application shall be rejected without assigning any reason.



Left Thumb Impression

Place.....  
Date.....  
List of enclosure :

Signature of applicant

- 1.....
- 2.....
- 3.....

Applicant's passport  
Size attested  
photograph with  
signature and stamp  
half on photo and  
half on Application

- 4.....
- 8. The applicant is known to the undersigned and it is forwarded for consideration by Railway.

Signature and name and stamp  
of attesting authority

CALL LETTER

(To be filled by the office staff)  
(To be submitted on plain paper of photocopy)

Applicant's passport  
Size attested  
photograph will be  
pasted here by the  
applicant while  
sending the  
applications

- 1. Name .....
- 2. Father's Name .....
- 3. Permanent Residence Address .....
- 4. Address of correspondence .....
- 5. Date of Birth .....
- 6. Roll Number .....
- 7. Date of Interview/physical ability test .....
- 8. Time .....
- 9. Place of interview/physical ability test .....

ACKNOWLEDGEMENT SLIP  
(To be filled by applicant)

Name .....  
Father's Name .....  
Address .....  
(to be filled by the office staff)  
Registered at Serial No.....  
Dated .....

(Signature & Designation)

Form 1-A  
MEDICAL CERTIFICATE

- 1. Name of applicant .....
- 2. Identification marks .....  
(1) .....  
(2) .....
- 3. (a) Does the applicant to the best of the judgment suffer form any defect of vision? is so, has it been corrected by suitable spectacles? Yes/No  
(b) Can be applicant to the best of your judgment, readily distinguish the pigmentray colour, red and green? Yes/No  
(c) In your opinion, is he able to distinguish with his eye sight at a distance of 25 meters in good day light a motor car number plate.  
Yes/No  
(d) In your opinion, does the applicant suffer from an degree of deafness which would prevent his hearing the ordinary sound signals? Yes/No  
(e) In your opinion, does the applicant suffer from the night blindness?  
Yes/No  
(f) Has the applicant any defect or deformity loss of member which would interfere with the efficient performance of his duties as a license porters? Is so give your reason in details Yes/No
- (g) .....  
Blood Group and RH factor of the applicant (If the applicant so desired that the information may be noted.  
(a) Blood group ..... (b) RH factor .....

CERTIFICATE OF MEDICAL FITNESS

I certify that :-  
(i) I have personally examined the applicant,  
Shri/Smt/Km.....  
(ii) That while examining the applicant I have directed special attention to his/her distant vision.  
(iii) that while examining the applicant I have directed special attention to his/her hearing ability, the condition of the arms, leg, hands and joint of the both extremities of the applicant.  
(iv) I have personally examined the applicant for reaction time, said vision and glare recovery, (applicable in case of persons applying for a license to drive good carriages carrying goods of dangerous or hazardous nature to human life)  
\* And, therefore I carefully that to the best of my judgment, he/she is medically fit/not fit to work as license porter at railway station.  
\* The applicant is not medically fit to hold a license of license porter for the following reason .....  
\* Strike out which is inapplicable

Signature

1. Name and designation of the

Medical Officer/Reinstated practice No. or (Seal)

2. Registration Number of Medical Officer.

Signature of thumbs impression of the candidate.

Dated .....

Note :- The Medical Officer shall affix the signature over the photograph in such a manner that part of his signature is upon the photograph affixed and part on the certificate.