Lr.No.B/P.535/I/CC-TC/Vol.I

Date:30-03-2022

## All Supervisory Officials Concerned/ BZA Division.

Sub: Selection to the post of Commercial cum Ticket Clerk in Level-3 of Pay Matrix (G.P.Rs.2000) Commercial department against 16 2/3 % LDCE quota on BZA Division.

Ref: 1) This office memorandum of even no. dated. 18.03.2022.

2) ZRTI/MLY's letter No. ZRTI/673/Pro.CCTC/2020 dated.26.03.2022.

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Further to this office memorandum cited, the under mentioned 52 employees, who placed on provisional panel dated.18.03.2022 for promotion to the post of Commercial cum Ticket Clerk in Level-3 of Pay Matrix (G.P.Rs.2000) against 16 2/3 % LDCE quota in Commercial Department on BZA Division, have to undergo initial training course at ZRTI/MLY scheduled to commence from 04.04.2022.

SI. No	Roll.No	PF.No.	Name of the Employee (S/Sri)	Com	Design/Stn
01	330	244IG160187	Ch.Mahandatha	UR	PMA/COA
01	271	244IG160186	B.Satyanarayana	UR	PM/REG
02		244IG131015	M.Gowri Naidu	UR	PMA/COA
03	327	244IG160102	G.Siva Prasad	UR	PMA/NASP
04	290	244IG160102 244IG160198	P.Srinivasa Rao	UR	PMA/COA
05	329	242IE140704	E.SaiCharan	UR	PM/NDD
06	381	245II140522	Y.Dilip Kumar	UR	APM/Pulla
07	173 27	244IG160193	E.Sanyasi Rao	UR	PMA/KVM
08		24400151090	A.Srinivasa Rao	UR	PMA/NBM
09	427	53120152518	B.Sreenivasu Rao	UR	APM/PAGM
10	387	244IG160144	Naidu Kannuru	UR	PMA/SLO
11	298	15229801671	S.Prakash	UR	PMA/HVM
12	288	244IG150228	Chola Srinivasa Rao	UR	H.K.Ass/RJY
13	407		K.Narayana Rao	UR	PM/SLO
14	305	244IG160145	G.Ravi Kumar	UR	PMA/MPU
15	375	244IG050679	M.V.V.Thanma Rao	UR	APM/Pulla
16	172	121NP001689	R.Brahmayya	UR	PM/CEL
17	122	244IG160182	G.Eswara Rao		
18	286	244IG131313		UR	PMA/HVM
19	285	244IG160104	M.Raminaidu	UR	PMA/GLU
20	07	244IG160113	Ashok Kumar Bade	UR	PMA/SKM
21	344	244IG160222	K.Prakasa Rao	SC	PMA/COA
22	416	244IG140865	K.Muni Sekhar	UR	GSH/COA
23	26	244IG160131	A.Govinda Rao	UR	PMA/MDVL
24	294	244IG131731	B.Abaddam	UR	PMA/NASP
25	52	244IG160134	P.Venkateswarlu	UR	PMA/Kasumuru
26	341	244IG160143	B.Venkata Ramana	UR	PMA/COA

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	1				
27	266	244IG130592	M.Vallabha Rao	UR	PM/YLM
28	321	244IG160065	Ch.Tati Naidu	UR	PMA/AVLI
29	392	247IK150156	S.Lingannaidu	UR	APM/NASP
30	325	244IG140018	L.V.Narayana Rao L	UR	PMA/COA
31	428	244IG160143	G.Venkata Ramana	UR	APM/TDD
32	377	244IG140286	K.Rohini Kumar	UR	PMA/CU
33	134	244IG160070	K.Gangu Naidu	UR	PM/DEL
34	412	244IG170878	Ch.Narasinga Rao	UR	RHWM/VSKP
35	115	244IG160162	D.Malyadri	SC	PM/KVZ
36	299	244IG160135	G.Ramana	UR	PMA/SLO
37	163	244IG140002	Ch.Chinnammadu	UR	PMA/SMR/BZA
38	235	244IG160129	D.Poorna Trinadh	UR	PMA/NS
39	40	244IG160208	B.Ganapathi	UR	PMA/UPL
40	408	244IG131798	Rambabu Botchina	UR	H.K.Asst/RJY
41	17	244IG160130	R.Tulasi Narayana rao	UR	PMA/IDP
42	139	244IG160147	S.Lalibabu	UR	PM/NDO
43	157	244IG160430	K.N.V.K.Chaitanya	ŲR	PMA/SMR/BZA
44	385	244IG140029	B.Ramana Murti	UR	PMA/DWP
45	410	244IG132678	M.Chitti Babu	UR	RHWM/VSKP
46	234	244IG160105	T.Rama Mohan	UR	PMA/NS
47	415	244IG132600	A.M.Ahamed	UR	WRA/AKP
48	269	244IG160101	M.Babu Srinivas	UR	PM/REG
49	337	244IG140088	Deepak Kumar	UR	PMA/COA
50	62	244IG140032	Ramdas Meena	ST	PMA/CJM
51	20	244IG131355	R.K.Meena	ST	PMA/CLX
52	111	244IG120363/	A.Venkaiah	ST	PM/KKLR

(Fifty Two Names Only)

Hence, the supervisory officials concerned should relieve the above employees with instructions to report this office at 15.00 hrs on 01-04-2022 with relieving letter **addressed to Principal/ZRTI/MLY** affixing their recent pass port size photo, LTI & specimen signatures duly attested and also issuing training passes for their journey to SC at their end, for counter signature on the identification letter by the cadre officer and to direct them further to the Principal/ZRTI/MLY for attending training course on 04.04.2022.

Further, you are advised to circulate Annexure I and II to the above employees and fill the Annexure –II so as to submit the same to the Principal /ZRTI/MLY at the time of their reporting (Copy enclosed).

(Sk. Shahabaaz Hanoor) Assistant Personnel Officer/T /Sr.DPO/BZA.

Copy to:-

CMS/BZA, Sr.DCM/BZA, Sr.DOM/BZA, Sr.DFM/BZA CCI/Staff Matters/ Sr.DCM/O/BZA TI/Staff Matters/ Sr.DOM/O/BZA Ch.OS/Medical, Traffic & Commercial Cadre Employees concerned thro' respective supervisors. DSs: SCRES, SCRMU, SC&ST Assn. and OBC Assn.

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Office of the Principal, Zonal Railway Training Institute, Moula-Ali, Hyderabad - 500040.

No.ZRTI/673/Pro.CCTC/2020

Dt.26-03-2022

Sr.DCM/SC, HYB, BZA, GTL, GNT&NED. Sr.DPO/SC, HYB, BZA, GTL, GNT&NED.

Sub: Intial Training for Pro-CC-cum-TC and Pro.CSR at ZRTI/MLY. Ref: (1) Sr.DCM/BZA Ltr.No.B/C.19/Staff/Trainings Dt. 17/02/2022.

- (2) Sr.DCM/HYB Ltr.No.Y/C/415/Staff matters/Training/2022 Dt.16/02/22.
- (3) Sr.DPO/BZA Ltr.No.B/P.535/I/CC-TC/Vol.I Dt. 18/03/2022.

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- 1. Sr.DCM/BZA vide letter cited under reference (1), has requested for imparting training to departmental candidates selected from Erstwhile Group-D to Group-C for the post of CCTC under LDCE 16-2/3%.
- 2. Sr.DCM/HYB vide letter mentioned under reference (2) has requested for imparting training to the One (1) medically de-categorized employee.
- 3. In view of the above batch no 01/22 of Pro.Commercial Clerk cum Ticketing staff & Pro.Commercial Supervisor is planned as under:

SI.No	Name of the Co	urse	From	То
1	Pro.Commercial Ticketing Staff.	and	04-04-2022	14-06-2022

- 4. Sr.DCMs & Sr.DPOs are requested to direct all eligible candidates to attend the course with proper identification letters to report to this office before 08.00 Hrs on 04-04-2022. Candidates should come with valid Debit cards/Credit cards with sufficient amount in account to pay mess charges @ Rs.252/- per day (Mess charges Rs.240+ GST Rs.12/-) through Digital/ Cashless transactions. Mess charges may vary depending upon the market conditions and number of trainees.
- 5. The candidates attending the above course at ZRTI/MLY are required to follow COVID-19 precautions as per the protocol stipulated by Ministry of Home Affairs (MHA) time to time and undergo RTPCR test not earlier than 72 hours from reporting time at ZRTI/MLY. The general guidelines are enclosed herewith as Annexure-I &II for guidance of the candidates.

Encl: Annexure I & II.

(A.MALLESWARA RAO)
Principal/ZRTI/MLY

Copy to: CCM (PS): for kind information please.

## The following instructions should be ensured compliance Before reporting to ZRTI/MLY:

1. The trainees should get their medical check up done by Railway Authorised Medical Authority (AMA) to avoid sick people from attending the course.

## 2. All the trainees should bring medical kit consisting of:

SI.No	Item	Remarks	
2.1	Tab. Paracetamol 650mg/Tab Dolo—10 tablets	to be taken on advice of Medical Officer	
2.2	Tab.VitaminC/Tab.Limcee/Tab. Suckcee 500 mg	once daily or as advised by Medical Officer	
2.3	Cap .Becosules-Z or equivalent	once daily or as advised by Medical Officer	
2.4	One Thermometer.	-	
2.5	Pulse Oxymeter.	-	
2.6	Three layered masks in adequate number,	to be changed every day	
2.7	Hand sanitizer bottles.	5	

- 3. The trainees are advised to bring their own immunity boosters like branded Chyawanprash.
- 4. All the trainees shall observe social distancing in the Classrooms, inside the mess/dining hall as well as in the campus of ZRTI/MLY. They should wear masks, face shields and use pocket sanitizers etc.
- 5. <u>Family declaration:</u> The trainees should bring family declaration as per the profarma enclosed as <u>Annexure-II</u>.
- 6. Sharing of utensils-dishes, cups, soaps, towels etc. will not be allowed. As such all the trainees should bring meals plate, tumbler, tea glass, water bottle, spoon, flask and any other required things by them.
- 7. Trainees should bring their own linen such as blanket, bed sheet, pillow, pillow cover, mosquito net, bath towel, Uniform and sufficient dresses etc.
- 8. All the Trainees should download and install the *Arogya Setu* App having compatible phones. It should display "You are safe". The same will be checked by the ZRTI staff at the time of reporting at ZRTI Hostel.
- 9. Trainees shall be in possession of smart phones with sufficient mobile internet data for attending online training during quarantine period, if required.

10. It should be ensured that the trainees with co-morbid conditions should not be deputed for training. Such High-Risk individuals could include:

10.1	Pregnant women, lactating mothers	
10.2	Serious heart condition	
10.3	Severe Asthma or chronic lung disease	
10.4	High BP	
10.5	People with chronic kidney disease undergoing dialysis	
10.6	Any other medical condition that has potential high risk in the COVID environment in the opinion of a medical expert	

- 11. The trainees are not allowed to go out of the campus unless it is essential to do so. Such visits should exceptional and will be permitted with the prior approval of the <a href="https://prioriografic.com/Principal/ZRTI/MLY">Principal/ZRTI/MLY</a>.
- 12. Trainees who want to stay as <u>Day-Scholar</u> should take prior permission of <u>Principal/ZRTI/MLY</u> and they should maintain proper social distance while commuting. They will be daily screened and examined.
- 13. Feasibility will be studied to make available all the essential items such as stationery, snacks, toiletries etc. within the campus. As a precautionary measure, all trainees may bring required essential items along with them.
- 14. All the trainees should disclose their health status including fever/cough/sore throat/influenza like symptoms and the same to be submitted in a declaration form supplied by the ZRTI at the time of Reporting.
- 15. The above instructions may be modified from time to time and will be circulated.
- 16. Apart from the above, additional instructions/guidelines would be issued on reporting for training. These instructions/guidelines shall also be strictly adhered by trainees.

The concerned Sr. DPOs/DPOs and Controlling Officers may ensure that the above instructions are included in the relieving letters served to the trainees.

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## परिवार के जिम्मेदार व्यक्ति/अभिभावक द्वारा घोषणा DECLARATION FROM RESPONSIBLE PERSON OF THE FAMILY/GUARDIAN

(प्रशिक्षण संस्थान में रिपोर्ट करते समय प्रस्तुत किया जाना अपेक्षित है. to be submitted at the time of reporting to training institute)

मीवेड-19 या अन्य किसी भी कारण से अस्यस्य होता है तो उनकी रक्षा हेतु उन्हें लेने के लिए आऊंगा/व्यवस्था करूंगा.  I hereby declare that the above mentioned details are correct. I will come/arrange to come to take care of the training		ाम) श्री/श्रीमती/सुश्री
I	का (र	iबंध) ZRTI, मौला-अली, हैदराबाद (तेलंगाना राज्य) में
relationship) of Sri/Smt/Ms	दिनांक से आरंभ होनेवाली आरंभिक	के लिए रिपोर्ट कर रहा हूं.
relationship) of Sri/Smt/Ms	I,(Na	me) am (Mention type of
प्रशिक्ष सहित परिवार के किसी भी सदस्य को कोरोना पॉजिटिव या लक्षणों से पीडित था/पीडित हैं. (हां / नहीं) यदि हां, तो विवरण का उल्लेख किया जाना चाहिए. Any one of Family Members including trainee are exposed/suffering/suffered from Corona Positive or symptoms.(Yes/No) If yes, details to be mentioned अन्य महत्वपूर्ण स्वास्थ्य जानकारी यदि किसी भी प्रशिक्ष (गर्भवती महिला, स्वनपान कराने वाली माँ, हाई बी.पी., गंभीर अस्यमा, गंभीर दिल की बीमारी, कोनिक फेकड़ों की बीमारी ,कोनिक किडनी रोग डायलिसिस से गुजरती हैं) Other Important Health Information if any of the Trainee (Pregnant woman, Lactating mother, High BP, Severe Asthma, serious heart condition, Chronic Lung disease, Chronic kidney disease undergoing dialysis etc.)  मैं, एतद द्वारा घोषित करता हूं कि उपर्युक्त सभी विवरण सही है. प्रशिक्ष थी/श्रीमती/सुश्री के लिए आऊंगा/व्यवस्था करूंगा.  I hereby declare that the above mentioned details are correct. I will come/arrange to come to take care of the trainee (Name) incase if he becamesick due to Covid 19 or any other liness.  परिवार के सदस्य/अभिभावक के हस्ताक्षर Signature of the Family Member/Guardian नाम Name:		
कोरोना पॉजिटिव या लक्षणों से पीडित था/पीडित हैं. (हां / नहीं) यदि हां, तो विवरण का उल्लेख किया जाना चाहिए. Any one of Family Members including trainee are exposed/suffering/suffered from Corona Positive or symptoms.(Yes/No) If yes, details to be mentioned अन्य महत्वपूर्ण स्वास्थ्य जानकारी यदि किसी भी प्रशिक्ष (गर्भवती महिला, स्वनपान कराने वाली माँ, हाई बी.पी., गंभीर अस्यमा, गंभीर दिल की बीमारी, कोनिक फेकड़ों की बीमारी, कोनिक फेकड़ों की बीमारी, कोनिक फेकड़ों की बीमारी, कोनिक फेकड़ों की बीमारी कोनिक फिला Lactating mother, High BP, Severe Asthma, serious hear condition, Chronic Lung disease, Chronic kidney disease undergoing dialysis etc.)  मैं, एतद द्वारा घोषित करता हूं कि उपर्युक्त सभी विवरण सही है. प्रशिक्ष श्री/श्रीमती/सुशी कोनिक के लिए आऊंगा/व्यवस्था करूंगा.  I hereby declare that the above mentioned details are correct. I will come/arrange to come to take care of the trainee (Name) take care of the trainee (Name) mincase if he becamesick due to Covid 19 or any other liness.  परिवार के सदस्य/अभिभावक के हस्ताक्षर Signature of the Family Member/Guardian नाम Name:	ZRTI, Moula-ali, Hyderabad(Telangana State),	for Initial Training from (date)
किया जाना चाहिए. Any one of Family Members including trainee are exposed/suffering/suffered from Corona Positive or symptoms. (Yes/No) If yes, details to be mentioned अन्य महत्वपूर्ण स्वास्थ्य जानकारी यदि किसी भी प्रशिक्ष (गर्भवती महिना, स्वनपान कराने वाली माँ, हाई बी.पी., गंभीर अस्यमा, गंभीर दिल की बीमारी, क्रोनिक फेकड़ों की बीमारी, क्रोनिक फिक्टनी रोग डायलिसिस से गुजरती है)  Other Important Health Information if any of the Trainee (Pregnant woman, Lactating mother, High BP, Severe Asthma, serious heart condition, Chronic Lung disease, Chronic kidney disease undergoing dialysis etc.)  मैं, एतद द्वारा घोषित करता हूं कि उपर्युक्त सभी विवरण सही है. प्रशिक्ष थी/श्रीमती/सुश्री कोविड-19 या अन्य किसी भी कारण से अस्यस्य होता है तो उनकी रक्षा हेतु उन्हें किने केलिए आऊंगा/व्यवस्था करूंगा.  I hereby declare that the above mentioned details are correct. I will come/arrange to come to take care of the trainee (Name) incase if he becamesick due to Covid 19 or any other liness.  परिवार के सदस्य/अभिभावक के हस्ताक्षर Signature of the Family Member/Guardian नाम Name:	प्रशिक्षु सहित परिवार के किसी भी सदस्य को कोरोना पॉजिटिव या लक्षणों से पीडित था/पीडित	
Members including trainee are exposed/suffering/suffered from Corona Positive or symptoms.(Yes/No) If yes, details to be mentioned अन्य महत्वपूर्ण स्वास्थ्य जानकारी यदि किसी भी प्रशिक्ष (गर्भवती महिला, स्वनपान कराने वाली माँ, हाई बी.पी., गंभीर अस्यमा, गंभीर दिल की बीमारी, क्रोनिक फेफड़ों की बीमारी, क्रोनिक किबनी रोग डायलिसिस से गुजरती हैं) Other Important Health Information if any of the Trainee (Pregnant woman, Lactating mother, High BP, Severe Asthma, serious heart condition, Chronic Lung disease, Chronic kidney disease undergoing dialysis etc.)  मैं, एतद द्वारा घोषित करता हूं कि उपर्युक्त सभी विवरण सही है. प्रशिक्ष श्री/श्रीमती/सुश्री कोविड-19 या अन्य किसी भी कारण से अस्यस्य होता है तो उनकी रक्षा हेतु उन्हें तेने के लिए आऊंगा/व्यवस्था करूंगा.  I hereby declare that the above mentioned details are correct. I will come/arrange to come to take care of the trainee (Name) incase if he becamesick due to Covid 19 or any other liness.  परिवार के सदस्य/अभिभावक के हस्ताक्षर Signature of the Family Member/Guardian नाम Name:	है. (हां / नहीं) यदि हां, तो विवरण का उल्लेख	
exposed/suffering/suffered from Corona Positive or symptoms.(Yes/No) If yes, details to be mentioned अन्य महत्वपूर्ण स्वास्थ्य जानकारी यदि किसी भी प्रशिक्ष (गर्भवती महिला, स्वनपान कराने वाली माँ, हाई बी.पी., गंभीर अस्यमा, गंभीर दिल की बीमारी, क्रोनिक फेफड़ों की बीमारी, क्रोनिक किस्ती रोग डायलिसिस से गुजरती हैं) Other Important Health Information if any of the Trainee (Pregnant woman, Lactating mother, High BP, Severe Asthma, serious heart condition, Chronic Lung disease, Chronic kidney disease undergoing dialysis etc.)  मैं, एतद द्वारा घोषित करता हूं कि उपर्युक्त सभी विवरण सही है. प्रशिक्ष श्री/श्रीमती/सुश्री कोनिक लिए आऊंगा/व्यवस्था करूंगा.  I hereby declare that the above mentioned details are correct. I will come/arrange to come to take care of the trainee (Name) incase if he becamesick due to Covid 19 or any other liness.  परिवार के सदस्य/अभिभावक के हस्ताक्षर Signature of the Family Member/Guardian नाम Name:	किया जाना चाहिए. Any one of Family	
Positive or symptoms. (Yes/No) If yes, details to be mentioned अन्य महत्वपूर्ण स्वास्थ्य जानकारी यदि किसी भी प्रशिश्च (गर्भवती महिला, स्वनपान कराने वाली माँ, हाई बी.पी., गंभीर अस्यमा, गंभीर दिल की बीमारी, क्रोनिक फेकड़ों की बीमारी, क्रोनिक फिडनी रोग डायनिसिस से गुजरती हैं) Other Important Health Information if any of the Trainee (Pregnant woman, Lactating mother, High BP, Severe Asthma, serious heart condition, Chronic Lung disease, Chronic kidney disease undergoing dialysis etc.)  मैं, एतद द्वारा घोषित करता हूं कि उपर्युक्त सभी विवरण सही है. प्रशिक्ष श्री/श्रीमती/सुश्री कोविड-19 या अन्य किसी भी कारण से अस्वस्थ होता है तो उनकी रक्षा हेतु उन्हें जेने के लिए आऊंगा/व्यवस्था करूंगा.  I hereby declare that the above mentioned details are correct. I will come/arrange to come to take care of the trainee (Name) incase if he becamesick due to Covid 19 or any other liness.  परिवार के सदस्य/अभिभावक के हस्ताक्षर Signature of the Family Member/Guardian नाम Name:		
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