

## माल और सेवा कर एवं केन्द्रीय उत्पाद शुल्क प्रधान मुख्य आयुक्त कार्यालय

Office of the Principal Chief Commissioner of GST & Central Excise

तमिलनाडु एवं पुदुच्चेरी, चेन्नई अंचल Tamilnadu & Puducherry, Chennai Zone जी एस टी भवन, सं. 26/1, महात्मा गांधी रोड, चेन्नई – 600 034 GST Bhawan, No.26/1, Mahatma Gandhi Road, Chennai –600 034

ई-मेल / Email: <a href="mailto:ccaestt-prcco@gov.in/cca.estt.section@gmail.com">cca.estt.section@gmail.com</a>
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GCCO/CCA/RECR/10/2025-CCAESTT-O/o Pr CC-CGST-ZONE-CHENNAI

## सूचना / NOTICE

विषय: कर्मचारी चयन आयोग, संयुक्त स्नातक स्तरीय परीक्षा, 2024 के माध्यम से निरीक्षक(वस्तु और सेवा कर तथा केन्द्रीय उत्पाद शुल्क) के पद के लिए अभ्यर्थियों का आबंटन- दस्तावेज़ सत्यापन/शारीरिक क्षमता परीक्षा के स्थान और तिथि की सूचना- संबंधित।

Sub: SSC CGLE 2024 - Allocation of candidates through Staff Selection Commission, Combined Graduate Level Examination, 2024 to the post of Inspector of GST & Central Excise- Intimation of date and venue of Document Verification/ Physical Test – reg.

केंद्रीय अप्रत्यक्ष कर और सीमा शुल्क बोर्ड (सीबीआईसी), नई दिल्ली ने परिणामों के आधार पर दस्तावेज़ सत्यापन / शारीरिक सहनशक्ति परीक्षण आयोजित करने के लिए सीजीएसटी इंस्पेक्टर (जीएसटी और केंद्रीय उत्पाद शुल्क) के पद के लिए कर्मचारी चयन आयोग द्वारा अनुशंसित 57 उम्मीदवारों को आवंटित किया है। कर्मचारी चयन आयोग द्वारा संयुक्त स्नातक स्तरीय परीक्षा, 2024 आयोजित की गई।

The Central Board of Indirect Taxes and Customs (CBIC), New Delhi has allocated 57 candidates recommended by the Staff Selection Commission for the post of CGST Inspector (GST & Central Excise) for conducting Document Verification / Physical Endurance Test based on the results of the Combined Graduate Level Examination, 2024 conducted by Staff Selection Commission.

2. जी.एस.आर. 1172(E) दिनांक 26.12.2016 के अनुसार सीमाशुल्क के निरीक्षक (वस्तु और सेवा कर तथा केन्द्रीय उत्पाद शुल्क) की श्रेणी में नियुक्ति के लिए अभ्यीर्थियों को निम्नलिखित शारीरक क्षमता परीक्षा उत्तीर्ण करना और उनका निम्नलिखित शारीरिक मानकों के अनुरूप होना आवश्यक है।

As per G.S.R. 1172(E) dated 26.12.2016, the candidates are required to pass physical test and possess physical standard as described below, for appointment to the grade of Inspector of GST and Central Excise.

	शारीरिक मानक (न्यूनतम)	शारीरिक क्षमता परीक्षा
	Physical standards (Minimum)	Physical test
पुरुष अभ्यर्थी	Height -157.5 cms (height relaxable by 5 cms in	Walking – 1600 metres in
Male	the case of Garhwalis, Assamese, Gorkhas and	15 Minutes
Candidate	Chest - or chis (fully expanded with minimum	Cycling – 8 K.M. in 30 Minutes
महिला अभ्यर्थी	Height -152 cms (height relaxable by 2.5 cms in	Walking – 1 km in 20
Female	the case of Garhwalis, Assamese, Gorkhas and	Minutes
Candidate	members of Scheduled Tribes) Weight- 48 kg. (weight relaxable by 2 k.g. in the case of Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes)	Cycling – 3 K.M in 25 Minutes
	members of Scheduled 1710es)	

3. इस संबंध में, अनुलग्नक-। में सूचीबद्ध अभ्यर्थियों को 26.03.2025 को सुबह 09.00 बजे जीएसटी और केंद्रीय उत्पाद शुल्क के प्रधान मुख्य आयुक्त के कार्यालय, 26/1, महात्मा गांधी रोड, नुंगमबक्कम, चेन्नई - 600 034 पर दस्तावेज़ सत्यापन / शारीरिक सहनशक्ति परीक्षण के लिए रिपोर्ट करने का निर्देश दिया जाता है। शारीरिक सहनशक्ति परीक्षण (PET) 27.03.2025 को सुबह 07.30 बजे उसी स्थान पर आयोजित किया जाएगा। अभ्यर्थियों से अनुरोध है कि वे शारीरिक परीक्षण के लिए जूते लेकर आएं। दस्तावेज़ सत्यापन की प्रक्रिया संवर्ग नियंत्रण प्राधिकरण, चेन्नई सीजीएसटी अंचल द्वारा दस्तावेजों की प्राप्ति और सत्यापन के अधीन है।

In this regard, the candidates figuring in <u>Annexure -I</u> are directed to report for Document Verification/ Physical Endurance Test <u>on 26.03.2025 at 09.00 A.M at Office of the Principal Chief Commissioner of GST & Central Excise, 26/1, Mahatma Gandhi Road, Nungambakkam, Chennai - 600 034 without fail. The Physical Endurance Test (PET) will be held on 27.03.2025 from 07.30 A.M. at the same venue. <u>Candidates are requested to bring shoes for the Physical Test.</u> The process of Document Verification is subject to receipt and verification of dossiers by the Cadre Controlling Authority, Chennai CGST Zone.</u>

4. अनुप्रमाणन प्रपत्र विधिवत् भर कर दस्तावेज़ सत्यापन/शारीरिक क्षमता परीक्षा के समय तीन प्रतियों में बिना किसी चूक के अधोहस्ताक्षरी को प्रस्तुत किए जाने चाहिए।

The Attestation Form, <u>in triplicate (3 copies)</u>, may be duly filled in all respects (by hand only) and produced at the time of document verification/physical test to the undersigned without fail.

5. अभ्यर्थियों को निर्देश दिया जाता है कि वे दस्तावेज़ सत्यापन/शारीरिक क्षमता परीक्षा के समय निम्नलिखित दस्तावेज़ तिन प्रतियों के साथ अवश्य प्रस्तुत करें:

The candidates should bring the following documents (<u>in original</u>) along with 1 set of photocopy at the time of Document Verification/ Physical Test:

- क)जन्म तिथि दर्शाते हुए मैट्कि / हाई स्कूल प्रमाण पत्र ।
- a) Matriculation / High School Certificate showing Date of Birth.
  - ख) शैक्षिक योग्यता के समर्थन में शैक्षणिक प्रमाण पत्र।
- b) Academic Certificates in support of Educational Qualification.
- ग) छायाप्रतियों के साथ निर्धारित प्रपत्र में अनुसूचित जाति / अनुसूचित जनजाति / अन्य पिछड़ा वर्ग के मामले में मूल जाति / समुदाय प्रमाण पत्र । (एसएससी अधिसूचना के अनुसार कट ऑफ तिथि)
- c) Original Caste/ Community Certificate in case of SC/ST/OBC in the prescribed form along with the photocopies. (Crucial date as per SSC Notification)
- घ) विकलांग व्यक्ति (दिव्यांगजन) अभ्यर्थी के मामले में प्रमाण पत्र ।
- d) Certificate in case of Person with disabilities (Divyangjan) candidate.
- ङ) ईडब्ल्यूएस श्रेणी के उम्मीदवार के लिए आय और संपत्ति प्रमाण पत्र। (एसएससी अधिसूचना के अनुसार कट ऑफ तिथि)
- e) Income and Assets Certificate for EWS Category Candidate. (Crucial date as per SSC Notification)
- च) केन्द्र या राज्य सरकार के दो राजपत्रित अधिकारियों या वृत्तिकाग्राही मजिस्ट्रेट से चरित्र प्रमाण पत्र । (मूल में 3 सेट)
- f) Character Certificate from <u>two Gazetted</u> officers of the Central or State Government or Stipendiary Magistrates. (3 sets in original for **minimum 2 years**)
- छ) केन्द्र या राज्य सरकार के राजपत्रित अधिकारियों या वृत्तिकाग्राही मजिस्ट्रेट से पहचान प्रमाण पत्र। (मूल में 3 सेट)
- g) Identity Certificate from <u>a Gazetted</u> officer of the Central or State Government or Stipendiary Magistrates. (<u>3 sets in original for **minimum 2 years**)</u>
- ज) स्वस्थता प्रमाण पत्र उस चिकित्सक से प्राप्त किया जाना है जो सिविल सर्जन के पद से नीचे न हो । मिहला उम्मीदवारों को प्रमाण पत्र मिहला चिकित्सक प्राप्त किया जाना है जो सिविल सर्जन के पद से नीचे न हो। (अनुलग्नक 'ख') संबंधित सीएमओ से यह भी अनुरोध किया जाता है कि वे इस पत्र के आधार पर संबंधित उम्मीदवारों की मेडिकल जांच करें। यदि संबंधित चिकित्सा प्राधिकारी के कार्यालय को किसी अन्य प्राधिकार पत्र की आवश्यकता हो तो नीचे हस्ताक्षरकर्ता से ईमेल ccaestt-prcco@gov.in के माध्यम से संपर्क किया जा सकता है।
- h) Certificate of Fitness from a physician not below the rank of a Civil Surgeon / Chief Medical Officer (CMO). Female candidates should get the certificate from a female physician not below the rank of a Civil Surgeon. (Annexure II). The CMOs concerned are also requested to take up the Medical examination of the candidates concerned on the strength of this letter. In case, any other authority letter is required by the office of the medical authority concerned the undersigned may be contacted through email <a href="mailto:ccaestt-preco@gov.in">ccaestt-preco@gov.in</a>

# <u>Kindly note</u>: A certificate to the effect that the candidate is free from colour blindness duly certified by Civil Surgeon / Chief Medical Officer is mandatory.

- झ) यदि उम्मीदवार केंद्र सरकार/राज्य सरकार, स्वायत्त निकाय और सार्वजनिक क्षेत्र के उपक्रम के तहत किसी भी कार्यालय में कार्यरत है तो वर्तमान नियोक्ता से डीवी में भाग लेने के लिए डिस्चार्ज सर्टिफिकेट/एनओसी। इस नोटिस के संदर्भ में प्रमाणपत्र प्राप्त किया जाना चाहिए।
- i) Discharge Certificate/ NOC to attend DV from current employer in case the candidate is employed in any of the offices under the Central Government/State Government, Autonomous Body, and Public Sector Undertaking. The certificate should be obtained with reference to this Notice.
- ञ) आधार कार्ड और पैन कार्ड।
- j) Aadhar card and PAN Card.
- ट) 5 से.मी x 7 से.मी आकार की रंगीन तस्वीरों की 3 सेट अनुप्रमाणन प्रपत्रों पर चिपकाए जाने हैं।
- k) 3 Sets of Colour photographs of size 5cm x 7cm to be pasted on the Attestation Forms.
  - 3 Sets of Colour passport size photographs.
- ठ) एसएससी प्रवेश पत्र की प्रतियाँ ।
- 1) Copies of SSC admit cards.
- 6. वैसे अभ्यर्थी जो पहले से समान मन्त्रालय/विभाग में समान श्रेणी (निरीक्षक सिजिएसटी, निवारक अधिकारी, परीक्षक) में कार्यरत हैं और शारीरिक परीक्षा से छुट चाहतें हैं वे अपने वर्तमान नियोजक से इस शारीरिक परीक्षा उतिर्नता के सम्बन्ध में प्रमाणपत्र प्रस्तुत करें। प्रमाणपत्र इस सूचना के संदर्भ में प्राप्त किया जाना चाहिए।हालाँकि, इस आशय का एक प्रमाण पत्र अनिवार्य है कि उम्मीदवार सिविल सर्जन / मुख्य चिकित्सा अधिकारी द्वारा प्रमाणित रंग अंधापन से मुक्त है।

Candidates who are already working in the same Ministry/Department at similar post (Inspector CGST, PO, Examiner) and want to avail exemption from the Physical Test, should produce a certificate from the current employer regarding passing the Physical Test. Certificate should be obtained with reference to this Notice. However, a certificate to the effect that the candidate is free from colour blindness duly certified by Civil Surgeon / Chief Medical Officer is mandatory.

7. दस्तावेज़ सत्यापन/शारीरिक परीक्षा के लिए निर्धारित तिथि को उपस्थित नहीं होने की स्थिति में ऐसा माना जाएगा की अभ्यर्थी विभाग में नियुक्ति का इच्छुक नहीं है तथा उसके आवंटन को निरस्त किया जाएगा।

In the event of not reporting on the prescribed date for the Document Verification/Physical Test, it will be presumed that you are not interested in accepting the offer of appointment in the department and your nomination will be treated as cancelled.

8. उम्मीदवारों को सूचना उम्मीदवार द्वारा एसएससी को दिए गए ईमेल और इस उद्देश्य के लिए बनाए गए सोशल मीडिया प्लेटफॉर्म के माध्यम से भी भेजी जा रही है। उम्मीदवार संलग्न सत्यापन फॉर्म डाउनलोड कर सकते हैं और शारीरिक परीक्षण में भाग लेने के समय विधिवत भरे हुए फॉर्म जमा कर

सकते हैं। इस नोटिस के साथ सभी फॉर्म https://gstchennai.gov.in/promotion-posting-transfer.php से डाउनलोड किए जा सकते हैं।

Intimation to the candidates is being dispatched through Email given by the candidate to the SSC and also through the social media platform created for this purpose. The candidates may download the enclosed attestation forms and submit the duly filled in forms at the time of attending physical tests. All forms along with this Notice may be downloaded from <a href="https://gstchennai.gov.in/promotion-posting-transfer.php">https://gstchennai.gov.in/promotion-posting-transfer.php</a>.

9. अपरिहार्य परिस्थितियों में दस्तावेज़ सत्यापन/शारीरिक परीक्षा की तिथियों में बदलाव किया जा सकता है। अतः अभ्यर्थियों को सलाह दिया जाता है के वे चेन्नई केन्द्रीय उत्पाद शुल्क की वेबसाइट व अपने ईमेल को नियमित रूप से देखते रहें।

In the event of unavoidable circumstances, the Document Verification/ Physical Test may be postponed/ rescheduled. Accordingly, candidates are advised to keep checking the website of Chennai Central Excise and their individual email.

Digitally signed by C THIYAGARAJAN Date: 20-03-2025

16:59:48

(सी. त्यागराजन /C THIYAGARAJAN)

अपर आयुक्त (पी.आर. सी.सी.ओ /ADDITIONAL COMMISSIONER (PR. CCO)

सेवा में / To

अभ्यर्थियों को (अलग्नक 'क' पर दी गई सूची के अनुसार) The candidates / As per the list enclosed as Annexure -I)

संलग्न / Encl:

- 1. अन्लग्नक 'क' / Annexure-I (List of Candidates)
- 2. अनुलग्नक 'ख' / Annexure -II (Medical Pro-forma)
- 3. अनुप्रमाणन प्रपत्र / Attestation Form
- 4. चरित्र प्रमाण पत्र / Character Certificate
- 5. पहचान प्रमाण पत्र / Identity Certificate
- 6. वैवाहिक स्थिति प्रमाण पत्र / Marital Status Certificate

सभी प्रपत्र एवं संलग्नक चेन्नई केन्द्रीय उत्पाद शुल्क की वेबसाइट https://gstchennai.gov.in/promotion-posting-transfer.php से डाउनलोड किए जा सकते हैं ।

All forms & enclosures can be downloaded from Chennai Central Excise Website - <a href="https://gstchennai.gov.in/promotion-posting-transfer.php">https://gstchennai.gov.in/promotion-posting-transfer.php</a>

प्रतिलिपि / Copy to:

अधीक्षक (कंप्यूटर अनुभाग), प्रo मुo आo कार्यालय, चेन्नई वेबसाइट पर प्रदर्शित करने हेतु । The Superintendent (Computer Section), Pr.CCO for displaying on the website.

ANNEXURE-I							
S.NO.	ROLL NO	NAME OF THE CANDIDATE	DOB	RANK			
1	8201043187	A V SHRIRAM BABU	02-08-1999	SL\II\13825			
2	8207010934	ABDULLAH M	16-05-2000	SL\II\05013			
3	8201023687	ABHISHEK AGARWAL	26-06-1999	SL\II\00891			
4	8201016831	ABHISHEK KUMAR	17-03-1998	SL\II\05339			
5	8201013437	AHMED SAHIB M L	10-04-1995	SL\II\16302			
6	4205060443	AMAN KUMAR MANDAL	14-11-1998	SL\II\01678			
7	8201047390	B MANOJKUMAR	05-07-2000	SL\II\04274			
8	8201030688	BABU RAM G	12-07-1997	SL\II\04188			
9	8201014167	BHAGIRATH JANGU	16-06-2001	SL\II\00429			
10	8201040179	BINIT KUMAR	04-03-1998	SL\II\02576			
11	8201041667	DASARI NAVEEN CHANDRA	16-04-1997	SL\II\01234			
12	8202005810	DHINAKAR M	14-06-2000	SL\II\03673			
13	8201038876	DINESH M	08-02-1995	SL\II\01062			
14	8207003377	DIVYA K	12-07-2002	SL\II\05244			
15	8201006154	GAURAV	07-07-1998	SL\II\00159			
16	8201018340	GAUTAM KUMAR	11-02-2000	SL\II\04366			
17	8201002069	GOKULKUMAR K	03-06-2002	SL\II\03783			
18	8202004798	GOWTHAM B	23-06-1997	SL\II\03991			
19	8201052157	GURU PRASATH S	12-08-1999	SL\II\05498			
20	8008010892	HANUMANTHU BALA SUBRAMANYAM	22-10-2001	SL\II\04642			
21	8205013264	JEEVA B	23-01-2001	SL\II\05473			
22	8201042298	KAUSTAV DAS	15-07-1997	SL\II\12612			
23	8206008383	KEVIN RAJ B	28-08-2000	SL\II\03480			
24	8201049795	LAVANYA S	28-03-1996	SL\II\05305			
25	8204001251	LINGESH S	12-02-2000	SL\II\03888			
26	8204015270	M DHAVAPRAVEENRAJ	01-03-1999	SL\II\12578			
27	8204016923	M MANISH KUMAR	23-07-2001	SL\II\05794			
28	8206013780	MAHARAJA D	20-12-1996	SL\II\02936			
29	8201009959	MANOJ	15-08-1999	SL\II\07336			
30	8206002343	MOHAMEDMANSOOR A	08-07-1997	SL\II\03992			
31	8201035192	MUKHTAR AHMAD	05-01-1996	SL\II\01536			
32	8204016224	MUTHUMARI R	09-05-1998	SL\II\10758			
33	8206009263	NANDHA KUMAR D	19-03-1998	SL\II\05513			
34	8206010225	NEERAJ SINGH KIROULA	24-01-1998	SL\II\00287			

35       2405032391       NIRMAL KUMAR MEENA       02-07-1998       SL\II\0         36       8201001424       OMESH MISHRA       08-03-2000       SL\II\0         37       8201038552       PANKAJ MEHRA       03-03-1991       SL\II\0         38       8201033627       R A GOKUL       09-11-1998       SL\II\0         39       8201056035       RISHABH VARMA       10-07-1996       SL\II\0	)4341 )3854
37 8201038552 PANKAJ MEHRA 03-03-1991 SL\II\0 38 8201033627 R A GOKUL 09-11-1998 SL\II\0	)3854 )5172
38 8201033627 R A GOKUL 09-11-1998 SL\II\0	5172
30 8201056035 PISHARH VARMA 10.07 1006 SIAINO	3736
29   0201030033  NISHABRI VANIVIA   10-07-1990   3E(III/0	
40 8201004366 RISHITOSH KUMAR 09-07-1997 SL\II\1	6184
41 2002019663 SANDEEP GAHTORI 27-08-1999 SL\II\0	2372
42 8201015566 SARANYAA M 22-04-2001 SL\II\1	.2706
43 8202011526 SATHE AKSHAY TANAJIRAO 30-07-1996 SL\II\0	1821
44 8207005002 SELVAPRIYA M 21-03-2000 SL\II\0	4033
45 8206011189 SHREE RAM A 12-10-2000 SL\II\1	.1974
46 8201044723 SHRIOM KOURAV 01-01-1997 SL\II\0	5070
47 8205011609 SIVAKUMAR M 23-05-1995 SL\II\0	3651
48 8201024561 SOUMYA SAHOO 07-04-1996 SL\II\1	.1155
49 8201053522 SRI NAVANEETHA NANDHINI S 15-12-1996 SL\II\0	5044
50 8207012884 STEBIN FRANCO P 07-11-2000 SL\II\0	4853
51 8201044005 SUDHANSHU RAJ SAGAR 01-05-1993 SL\II\0	2727
52 8204006119 SUNDARA MOORTHY T 11-08-1999 SL\II\0	2853
53 8205006181 SUWETHA P 06-06-2002 SL\II\0	2333
54 8201048764 THILAK S 14-03-2001 SL\II\0	5462
55 8201016920 VARSHA KUMARI 03-03-2002 SL\II\0	5528
56 8201001002 VARUN KUMAR 10-08-1997 SL\II\0	3631
57 8201035789 VIGNESH R V 21-05-2000 SL\II\0	5788

## <u>ANNEXURE – II</u> CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his/her Medical Examination and must sign the declaration appended thereto. His/her attention is specifically drawn to the warning contained in the NOTE below:

1. State your name in full :

(In Block Letters)

2. State your age and place of Birth :

3. (a) Have you ever had small-pox intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthama, heart disease, lung disease, fainting attacks, rheumatism, appendicitis? OR.

(b) any other disease or accident requiring confinement to bed and medical or surgical treatment.

4. When were you last vaccinated?

5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthama, fits, epilepsy or insanity.

6. Have you been examined and declared Unfit for Govt. Service by a Medical Officer/ Medical Board within last 3 years.

7. Have you suffered from any form of Nervousness due to overwork or any other cause?

8. Furnish the following particulars Concerning your family

Father's age if living and state of health	Father's age at the time of death and the cause of death	No. of Brothers living, their ages & state of health	No. of Brothers dead their ages at death & causes of death.
Mother's age if living and state of health	Mother's age at the time of death and the cause of death	No. of Sisters living, their ages & state of health	No. of Sisters dead their ages at death & causes of death.

I declare all the above answers to be, to the best of my knowledge and belief, true and correct.

I also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other conditions.

Signed in my presence

SIGNATURE OF THE CANDIDATE

## SIGNATURE OF THE CHIEF MEDICAL OFFICER/CIVIL SURGEON

NOTE: The candidate will be held Responsible for the accuracy of the above statement, By willfully suppressing any information, he/she will incur the risk of losing the appointment and, if appointed, of forfeiting all claim to superannuation allowance or gratuity.

# MEDICAL CERTIFICATE

I	he	ereby	certi	ty	that,	1	have	exa	mined		Sri/Smt.
					S/o/	D/o/W/o_					a
candidate	for	Employ	ment	in	the				Depart	tment	as
				and	cannot	discover	that	he/she	has	any	disease
(commun	icable	or oth	erwise),	cor	stitutiona	l weakn	ess or	bodily	infi	rmity	excep
				_ I do	not con	sider this	a disqu	alificatio	n for e	emplo	yment in
the office	of the							Depa	rtment	. His/	her age
according	g to hi	is/ her	own st	ateme	nt is		ye	ears and b	у арре	earanc	e about
-		_ years.									
Date :											
Place :								OF THE VIL SURC			
riace.						OFFIC	EK/CI	VIL SUKC	JEON	VV 1111	SEAL
Office Seal :											
Scar .											

MEDICAL CERTIFICATE TO BE FURNISHED FOR APPOINTMENT TO THE POST OF INSPECTOR						
Name of th	he Candidate:					
Roll No.				Paste a recent passport size		
Rank No.				photograph		
Signature o	of the Candidate					
Right Thun	nb Impression			(Photo to be attested by the Chief Medical Officer/Civil Surgeon)		
	<u>F</u>	REE FROM COLOUR B	LINDNESS CE	RTIFICATE		
Certified that I have examined Mr/Mswhose signature is appended above, and certify that his/her colour vision is Normal/Defective (strike of which is not applicable)						
(Seal of	the Chief Medical C	Officer/Civil Surgeon)	(Sign Surge	ature of Chief Medical Officer/Civil con)		
Place			Name			
Date			Reg. No.			

## ATTESTATION FORM

				"WA	RNING"	
			1	The furnishing of factual information	alse information or suppression of any in the Attestation Form would be a s likely to render the candidate unfit for	
pass (5cms appro	Affix <b>signed</b> passport size (5cms X 7 cms) approx copy of recent photograph		2	debarred, acquitted e submission of this fo immediately to the au	prosecuted, bound down, fines convicted, etc., subsequent to the completion and rm, the details should be communicated uthorities to whom the Attestation Form, failing which, it will be deemed to be information.	
			3	If the fact that false information has been furnished or that ther has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person, his/her services would be liable to be terminated.		
1	Name in fu capitals) with a (Please indicat added or dro stage, any part	aliases, if any, te if you have opped in any		Surname	Name	
2	or surname  Present Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town):					
3(a)	Home Addres Village, Thana or Hous Lane/Street/ R and name Headquarters)	a and District, se Number,				
(b)	If originally Pakistan / (erstwhile East address in tha the date of Indian Union.	Bangaladesh Pakistan) the t country and				
4	Adhaar Card (if available)	No.				
5	PAN No. (if a	available)				
6	Nationality					
7.(a)	Date of Birth					
(b)	Present Age					
(c)	Age at Matric	culation				
8. (a)	Place of birth state in which	•				

(b)	District ar which you b	nd State to belong							
(c)		nd State to your father							
9.(a)	Your Religi								
(b)	Scheduled /Scheduled Backward								
10	(Answer Yes/No)  Particulars of places (with periods of residences) where you have resided for more than or year at a time during the preceding five years. In case of stay abroad (including Pakistan particulars of all places where you have resided for more than one year after the age of years should be given:						kistan),		
From	То	Residential address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town)			place mentioned in the preceding Column.				
11.	Name (in full & aliases if any)	Nationality birth or domicile)	(by by	Place birth	of	Occupation, if employed, give designation and official address	Present postal address (if dead, give last address)	Permanent address	Home
a)Father									
b)Mother									
c)Spouse									

12.		Information to be furnished with regard to son(s) and/or daughter(s), in case they are studying/living in a Foreign Country:					
Name	Nationality or by domi		Place of bin	rth	Country in studying/living full address		Date from which studying/ living in the country mentioned in the previous column
13.		onal Qualifi 5 <sup>th</sup> year of ag		ing places	of education v	with years	in Schools and Colleges
	hool/ College wi ll Address	th Date of	of entering	Date	of leaving	E	xamination passed
Are you holding or have any time held an appointment under Central or State Governm or a Semi-Government or a Quasi Government body or an autonomous body or a Put Sector Undertaking or a private firm or Institution? If so, give full particulars with date						nomous body or a Public	
Per From	iod To	Emolumen	ation and ts and nature	and nature Full Name and Address of Employer			Reasons for leaving previous service
14.(b)  If the previous employment was under the Government of India/State Government/ Undertaking owned or controlled by the Government of India or a State Government/an autonomo body/University/Local Body.  If you have left service on giving a month's notice under Rule 5 of CCS (Temporary Service Rules 1965, or any similar corresponding rules, where any disciplinary proceedings framed again you, or had you been called upon to explain your conduct in any matter at the time you gave noting to termination of service, or at a subsequent date(s), before your service actually terminated?						CS (Temporary Service) occeedings framed against the time you gave notice	

15. (1)	(a)	Have you ever been kep	Yes/No				
	(b)	Have you ever been arre	ested?	Yes/No			
	(c)	Have you ever been p criminal case been filed	Yes/No				
	(d)	Is any original case per the time of filling up thi	nding against you in any Court of Law at a Attestation Form?	Yes/No			
	(e)	Have you ever been offence?	convicted by a Court of Law for any	Yes/No			
	(f)	Whether discharged/exinstitution under the Go	xpelled/withdrawn from any training/vt. or otherwise.	Yes/No			
	(g)	Have you ever been ru educational authority/ ir	usticated by any University or any other astitution.	Yes/No			
	(h)	1	parred / disqualified by any Public Service election Commission for any of its ?	Yes/No			
(ii)		If the answer to any of the above mentioned is 'YES', give full particulars of the case/arrest/detention/fine/conviction sentence/punishment etc., and/or the nature of the case pending in the Court/University/Educational Authority etc., at the time of filling up this attestation form					
Notes:	(i)		<b>RNING</b> ' at the top of this attestation form.				
	(ii)	Specific answers to each the case may be.	h of the questions should be given by striking	ng out 'YES' or 'NO' as			
16.	Name	s of two responsible	1)				
		ns of your locality or					
		eferences to whom you	2)				
	full	nown with Designation, Address and	2)				
		e/Landline no.)					
		DECL	ARATION				
I am fully the author criminal/o	aware that orities have civil/legal	at by providing false inforce full right to terminat action as a consequence.	on is correct and complete to the best of mormation or suppressing material information e my appointment letter and I am also the might impair my fitness for employment	while filling this form, liable for appropriate			
Place:							
Date:			Signature of the candid	ate			

The Attestation Form should be complete in all respects. Incomplete forms will be summarily rejected.

# **CHARACTER CERTIFICATE**

Certified that I have known	Shri / Smt							
son / wife / daughter of	for the last							
years / months and that to the best of my knowledge and belief he / s								
bears reputable character and ha	s no antecedent which render him / her unsuitable							
for Government employment.								
Shri / Smt.	is not							
related to me.								
Date:	Signature:							
Place:	Designation:							
	CTER CERTIFICATE							
	Shri / Smt							
	that to the best of my knowledge and belief he / she							
·	s no antecedent which render him / her unsuitable							
Shri / Smt.	is not							
related to me.								
Date:	Signature:							
Place:	Designation:							

## **IDENTITY CERTIFICATE**

## CETIFICATE TO BE SIGNED BY ONE OF THE FOLLOWING:-

- i) Gazetted Officers of Central of State Government.
- ii) Members of Parliament or State Legislature belonging to the Constituency where the candidate or his parent/guardian is ordinarily resident:
- iii) Sub-Divisional Magistrate/Officers

**Block Development Officers** 

vi)

DATE:

iv) Tahsildars or Naib/Deputy Tahsildars authorized to exercise Magisterial powers;

vii) Post Masters

viii) Panchayat Inspectors

v) Principal/Headmaster of the recognised School/College/Institution where the candidate studied last.

Certified that I have known Shri./Smt/Kum.	
son/daughter of Shri.	
months and that to the best of my knowled	ge and belief the particulars furnished
by him/her are correct.	
PLACE:	SIGNATURE

#### TO BE FILLED BY THE OFFICE

Designation or Status & Address

- i) Name, Designation and Full Address of the appointing authority
- ii) Post for which the candidate is being considered

## FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shr	i / Smt. / Kumari	declares:
i)	That I am unmarried / a widower / a widow.	
ii)	That I am married and have only one spouse living.	
	That I have entered into and contracted a marriage with anothe living spouse. Application for grant of exemption is enclosed.	er person having a
	That I have entered into and contracted a marriage with another life time of my spouse. Application for grant of exemption is enc	
the declara	elemnly affirm that the above declaration is true and I understand ation being found to be incorrect after my appointment, I share from service.	
Date:		<u>Signature</u>
NOTE:	Please delete clause / clauses not applicable.	
	* applicable in the case of clause (i), (ii) & (iii) only.	
	Application for grant of exemption (vide Para 1 (iii) & (iv) of	f the declaration)
То,		
	<del></del>	
Sir / Madaı	m,	
from the op	I request that in view of the reasons stated below, I may be peration of restriction on the recruitment to service of a person ha	

wife living / wife who is married to a person already having one or more living.

Yours faithfully,