I/10426037/2022

माल और सेवा कर एवं केन्द्रीय उत्पाद शुल्क प्रधान मुख्य आयुक्त कार्यालय
OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER OF GST & CENTRAL EXCISE
केन्द्रीय माल और सेवा कर एवं केन्द्रीय उत्पाद शुल्क अंचल : तमिलनाडु एवं पुदुच्चेरी
CENTRAL GST & CENTRAL EXCISE ZONE : TAMILNADU & PUDUCHERRY
जी एस टी भवन, सं. 26/1, महात्मा गांधी रोड, चेन्नई – 600 034
GST BHAWAN, No. 26/1, MAHATHMA GANDHI ROAD, CHENNAI – 600 034
ई – मेल / E-mail: cca.estt.section@gmail.com / ccaestt-prcco@gov.in
दूरभाष / Ph. No.: 044-28331011 फैक्स / Fax No.: 044-28331015

F.No.GCCO/CCA/RECR/47/2022-CCAESTT-O/o Pr CC-CGST-ZONE-CHENNAI

NOTICE

Sub: **Second Chance** - Allocation of Tax Assistants recommended for appointment by the SSC on the basis of result of Combined Graduate Level Examination, 2020 – Call letter for Document verification - Reg.

Ref: This Office letter of even no. dated 01.12.2022

****

With reference to the Board's letter F.No. A-12034/SSC/06/2020-Ad.III(B) dated 29.11.2022 allocating Tax Assistants (CBIC) recommended for appointment by the SSC on the basis of results of Combined Graduate Level Examination 2020, the following candidates are granted **second chance** to attend the document verification. The candidates are directed to report to the undersigned at the venue and on the date mentioned hereunder.

SL. NO	ROLL NO	RANK	NAME	DATE FOR DOCUMENT VERIFICATION
1	4410010858	441	PUJARINI DAS	**26.12.2022**
2	2201099853	3319	PARTEEK	
3	2405011103	3610	ATUL GUPTA	
4	2201079289	3718	MOHIT KUMAR	
5	4410039151	3799	SUBHADIP DUTTA	
6	3009609875	3800	MANISH AWASTHI	
7	2201021116	3813	SHUBHAM SINGH SAKLANI	
8	2201013703	3829	VINAYAK TIWARI	
9	2201187289	3838	ANKIT KUMAR CHAHAL	
10	2201251449	3841	VIKAS CHAUDHARY	
11	2201061750	3853	VIVEK KUMAR	
12	2201237292	3861	ARCHANA	
13	2201069727	3871	DEEPAK GAHLOT	
14	2201217139	3873	VISHAL RANA	
15	2201036429	3877	VIKAS GAUR	
16	2405024331	3879	ANTIMA GUPTA	
17	4410021552	3885	ARNAB DE	
18	2201198773	3886	SARANSH JASWAL	
19	3010004382	3892	SHWETA SINGH	
20	2404010257	3894	PRABHJOT KAUR	
21	4410083693	3896	SUBHADIP DEY	
22	3003305428	3905	VAIBHAV SHUKLA	
23	6005002439	3922	ANOOP KUMAR PANDEY	
24	3207600643	3925	NIRMAL KUMAR MISHRA	

25	3206620439	3931	AASHISH KISHORE	**26.12.2022**
26	4410064819	3938	SWARNA PRAVO ROY	
27	2405009516	3945	DEEPAK BANSAL	
28	1402202106	3951	AKASH KESHWAR	
29	2201256467	3954	PRAKASH KUMAR JHA	
30	9202003015	3966	DON KALAPPURA	
31	4410017670	3967	SAIF ALI KHAN	
32	2404004061	3978	PRASHANT SACHDEVA	
33	2404006048	3982	SUNIL KUMAR	
34	3001002448	3991	SHASHIKANT SHARMA	
35	9001015713	3999	DEVIKA V	
36	2201120212	4009	KULDEEP	
37	3005004992	4013	UMESH KUMAR	
38	3206325468	4526	ALOK KUMAR MISHRA	
39	3009614760	4545	DIPANSHU MISHRA	
40	2201178895	4601	NAWAL SINGH	
41	3009609978	4602	ROHIT KUMAR	
42	4609009841	4604	AMIYA KUMAR SAHU	
43	2405010656	4605	KULDEEP SINGH	
44	2404005643	4608	SIDDHARTH SAINI	
45	3206305348	4610	KRITI KUMARI	
46	3206600618	4612	AANYA GUPTA	
47	2405009363	4614	KAMLESH KUMAR YADAV	
48	2405014596	4615	ANIL KUMAR SUNDA	
49	3013306616	4618	VINAY KUMAR YADAV	
50	2201111760	4621	JITENDER YADAV	
51	2201208768	4624	YOGESH YADAV	
52	6006104610	4626	NIKHIL PATIL	
53	4418003438	4633	AJITAVA SARKAR	**27.12.2022**
54	2404009037	4636	ANU YADAV	
55	3206616719	4637	SHIVAM KUMAR	
56	3206331343	4638	NEERAJ KUMAR	
57	3202600747	4664	SAHIL KUMAR VARMA	
58	2201154402	4666	ROHIT KUMAR	
59	2201231527	4668	ASHISH	
60	3013304256	4673	NISHANT SHUKLA	
61	2201227460	4682	BHARAT SHARMA	
62	3001007935	4686	SHUBHAM JAIN	
63	2201183344	5757	HEMANT KUMAR	
64	2201066597	5775	RAUNAK KUMAR	
65	7002702793	5785	BAGADA MAULIKKUMAR DINESHBHAI	
66	3009304251	5790	SATEESH VERMA	
67	2201248284	5794	SUPREET SINGH	
68	2201152279	5796	RAJDEEP KUMAR	
69	2201166879	5803	RAVI	
70	4410034373	5805	GOURAB MRIDHA	
71	2404005638	5809	PRERNA MANDAR	
72	7205719813	5810	SHIVANGI	

73	7201710575	5812	AKSHAY YUVRAJ KHARTADE
74	2405060447	5961	PAYAL MEENA
75	2201037459	5962	LAKHAN LAL MEENA
76	2405004861	5965	PRAJAN MEENA
77	2405067364	5975	GANESH PAL MEENA
78	7002700023	5976	MOHIT GALOTIA
79	2405066620	5977	PREETI MEENA
80	2405036256	5981	SONU KUMAR MEENA
81	2405043055	5992	AASHARAM MEENA
82	3206950071	5995	VIKAS KUMAR CHAURASIA
83	8601035951	5998	K RAJKUMAR
84	2405023034	6006	AJAY KUMAR MEENA
85	9001006860	6088	SHANKER BABU G
86	6006920006	6100	ARJUN SINGH YADAV
87	1402920006	6101	ADITYA SHARMA
88	8201021398	6243	N RAJESH
89	9210007561	6387	RAJESH R
90	9213000004	6394	IRSHAD PA
91	9202003283	6396	HARIKRISHNAN P
92	9213012833	6400	YADU CHANDRAN V
93	2201130452	6401	VINOD SUHAG
94	2402013684	6408	AMIT ANEJA
95	3206035205	6410	ABHISHEK KUMAR PANDEY
96	2201229482	6413	MAZHAR KHAN
97	7208724023	6415	SATYENDRA KUMAR
98	4418005944	6416	SOMNATH DAS
99	2003003136	6419	RAJESH WAILA
100	3013004782	6421	ASHOK KUMAR YADAV
101	3003604662	6423	SANDEEP KUMAR SHARMA
102	6005900008	6446	CHETAN SHARMA
103	4410039353	6447	ARUNAVA DAS

27.12.2022

2. While reporting, the candidates are required to submit the duly filled (by hand) in Attestation forms available in the GST & Central Excise Chennai (https://gstchennai.gov.in/promotion-posting-transfer.php) Website in **three sets in original** without fail along with **original** certificates in proof of:

a. Matriculation / High School Certificate showing Date of Birth.
b. Academic Certificates in support of Educational Qualification.
c. Original Caste / Community Certificate in case of SC/ST/OBC in the prescribed form along with the photocopies.
d. Income and Asset Certificate in case of EWS candidate.
e. Certificate in case of Person with Disabilities (Divyangjan) candidate.
f. Character Certificate from two Gazetted officers of the Central or State Government or Stipendiary Magistrates for a minimun period of two years. (3 sets in original)
g. Identity Certificate from a Gazetted officers of the Central or State Government or Stipendiary Magistrates for a minimun period of two years. (3 sets in original)

I/1042603/2022

h. Certificate of Fitness from a physician not below the rank of a Civil Surgeon. Female candidates should get the certificate from a female physician not below the rank of a Civil Surgeon. (PROFORMA)
i. Discharge Certificate from previous employer in case the candidate is employed in any of the offices under the Central Government / State Government, Autonomous Body, and Public Sector Undertaking presently. The certificate should be obtained with reference to this notice.
j. Discharge Certificate in case of Ex-Servicemen.
k. Aadhaar card and PAN Card
l. 3 Sets of colour photographs of size 5cm x 7cm to be pasted on the Attestation Forms.

3. The candidates are advised to plan their itinerary for at least 02 working days to complete Document Verification and Medical Examination.

4. If any candidate has been issued any Show Cause Notice (SCN), the reply of SCN along with proof of reply to the SSC should be brought at the time of verification without fail.

5. The candidates have to make their own arrangements for boarding and lodging during the stay. No Travelling or other expenses will be paid by the Department for attending the Certificate verification and Medical Examination.

6. In the event of not reporting on the prescribed date for the Document Verification, it will be presumed that the candidate(s) are not interested in accepting the offer of appointment in the department and your nomination and all consequences arising out of the non-reporting shall come into effect.

7. No further extension of time will be granted and the dossiers will be returned to SSC in the event that the candidate does not report on the appointed day. Any request from the candidates for rescheduling of dates will not be entertained, unless valid reasons exist.

8. Separate intimation to the candidates is being dispatched by Registered Post & Email. The candidates may attend the document verification on the dates mentioned against their names even in case they do not receive the hard copies of this notice. The candidates may download the attestation forms and submit the duly filled in forms at the time of attending document verification.

VENUE & TIME:
Office of the Principal Chief Commissioner of GST & Central Excise, Chennai Zone,
26/1, Mahatma Gandhi Road, Nungambakkam, Chennai- 600034.
Timing: 10:00 A.M.
Note: - For any query please contact on **044-28331011**

Signed by R Gopalsamy
Date: 16-12-2022 10:31:35

(R. Gopalsamy)
Additional Commissioner (PCCO)

To
The Individual (By Speed Post)

I/1042603/2022

Encl:

1. Attestation Form
2. Medical Proforma
3. Character Certificate
4. Identity Certificate
5. OBC Declaration Certificate
6. Marital Status Certificate

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

Copy to:

- The Superintendent (Computer Section), Chennai North for displaying on the website.

PROFORMA-I

(A) Candidate's Statement/Declaration

The candidate must make the statement required below prior to his/her medical examination and must sign the Declaration appended thereto.

1. State your name in full …...…….…… (in block letter)

State your age …… and birth place.……...…….

2.(a) Do you belong to Scheduled Tribe or to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribes, etc., whose average height is distinctly lower.
[Answer 'Yes' or 'No', and if the answer is 'Yes' state the name of the race.]

3.(a) Have you ever had small-pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood asthma, 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 suffered from any form of nervousness due to overwork or any other cause?

6. Furnish the following particulars concerning your family:

Father's age if living and state of Health	Father's age at death & cause of death	Number of Brothers living, their ages & state of health	Number of Brothers dead, their age and cause of death

7. Have you been examined by a Medical Board before?

8. If answer to the above is yes. please state what Service/ Services you were examined for?

9. Who was the examining authority?

10. When and where was the Medical Board held?

11. Result of the Medical Board's Examination, if communicated to you or if known.

12. All the above answers are to the best of my knowledge belief, true and correct and I shall be liable for action under law for any material infirmity in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render the candidate unfit for employment under the Government. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during the service of a person, his services would be liable to be terminated.

Candidate's signature

Signed in my presence

Signature of the CMO/ Civil Surgeon

Report of the CMO/ Civil Surgeon on

……

(Name of the Candidate)

PHYSICAL EXAMINATION

1. General Development: Good……... Fair ……... Poor……...

Nutrition: Thin……... Average……...Obese……...

Height (without shoes) ……..……... Weight……...

Any recent change in weight? ……...……...……...

Temperature ……...……...……...

Girth of Chest: -
(a) (After full inspiration) ……...……...……...

(b) (After full expiration) ……...……...……...

2. Skin: Any obvious disease ……...……...……...

3. Eyes: (1) Any disease ……...……...……...

(2) Night Blindness ……...……...……...

(3) Defect in colour vision ……...……...……...

(4) Field of vision

(5) Visual Acuity

(6) Fundus examination

Acuity of Vision		Naked Eye	With Glasses	Strength of Glasses		
				Sp.	Cyl.	Axis
Distant Vision	R.E. L.E.					
Near Vision	R.E. L.E.					

Hypermetropia (Manifest)

R.E.

L.E.

4. Ears: Inspection …… Hearing Right Ear ……

Left Ear …….

5. Glands ……... Thyroid ……

6. Condition of teeth ……

7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs? If yes, explain fully.

CIRCULATORY SYSTEM

8. (a) Heart: Any organic lesions?

Rate ……... Standing ……...

After hopping 25 times ……...

2 minutes after hopping ……...

(b) Blood pressure: Systolic ……... Diastolic ……...

9. Abdomen: Girth……. Tenderness ……... Hernia ……...

(a) Palpable: Liver ……Spleen ……Kidneys ……Tumors……

(b) Haemorrhoids …… Fistula ……

10. Nervous system: Indications of nervous or mental disability

11. Locomotor System: Any abnormality.

12.

Genito Urinary System	Any evidence of hydrocele varicocele, etc.
(a) Physical appearance……. (b) Sp. Gr.……. (c) Albumin.……. (d) Sugar……. (e) Casts……. (f) Cells…….	

13. Is there anything in the health of the candidate likely to render him/her unfit for the efficient discharge of his/her duties in the service for which he/she is a candidate?

NOTE. In the case of female candidate: If it is found that she is pregnant of 12 weeks standing or over, she should be declared temporarily unfit, vide Regulations 9.

14. (i) State the Services for which the candidate has been examined.

(a) Indian Administrative Service and Indian Foreign Service.

(b) Indian Police Service and Delhi and Andaman and Nicobar Islands Police Service.

(c) Central Services, Groups A and B.

(ii) Has he/she been found qualified in all respects for the efficient and continuous discharge of his/her duties in.

(a) Indian Administrative Service and Foreign Service.

(b) IPS and Delhi and Andaman and Nicobar Islands Police Service (see especially height, chest, girth, eye sight, colour blindness and locomotive system).

(c) Indian Railway Traffic Service (see especially height, chest, eye sight, colour blindness).

(d) Other Central Services, Groups 'A' and 'B'.

(iii) Is the candidate fit for Field Service.

NOTE. (I) The Medical officer should record their findings under one of the following three categories:

(i) Fit ……

(ii) Unfit on account of ……

(iii) Temporarily unfit on account of ……

NOTE (II) The candidate has not undergone chest X-ray test. In view of this, the above findings are not final and are subject to the report on chest X-ray test.

Place:

Date:

Signature

CMO/ Civil Surgeon

Seal of the Government Hospital

PROFORMA -II

Candidates's Statement/ Declaration

1. State your Name:
   (in block letters) ……...

2. Roll No.: ……...

Candidate's Signature

Signed in my presence

Signature of the CMO/ Civil Surgeon

To be filled in by the CMO/Civil Surgeon

NOTE. - The Medical officer should record their findings under one of the following three categories in respect of Chest X-ray test of the Candidate.

Name of the Candidate…….

(i) Fit ……....

(ii) Unfit on account of ……...

(iii) Temporarily unfit on account of ……...

Place:

Date:

Signature

CMO/ Civil Surgeon

Seal of the Government Hospital

ATTESTATION FORM

Affix **signed** passport size (5cms X 7 cms) approx copy of recent photograph		**1**	**"WARNING"** The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification, and is likely to render the candidate unfit for employment under the Government.
		2	If detained, arrested, prosecuted, bound down, fines convicted, debarred, acquitted etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent earlier, failing which, it will be deemed to be suppression of factual information.
		3	If the fact that false information has been furnished or that there 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 full (in block capitals) with aliases, if any, (Please indicate if you have added or dropped in any stage, any part of your name or surname	**Surname**	**Name**
2	Present Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town):		
3(a)	Home Address in full (i.e. Village, Thana and District, or House Number, Lane/Street/ Road and Town and name of District Headquarters)		
(b)	If originally a resident of Pakistan / Bangaladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.		
4	Adhaar Card No. (if available)		
5	PAN No. (if available)		
6	Nationality		
7.(a)	Date of Birth		
(b)	Present Age		
(c)	Age at Matriculation		
8. (a)	Place of birth, district and state in which situated		

(b) (c)	District and State to which you belong District and State to which your father originally belong					
9.(a) (b)	Your Religion Are you a member of a Scheduled Caste /Scheduled Tribe/ Other Backward Classes ? (Answer Yes/No)					
10	Particulars of places (with periods of residences) where you have resided for more than one 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 21 years should be given:					
From	To	Residential address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town)		Name of the District Headquarters of the place mentioned in the preceding Column.		
11.	Name (in full & aliases if any)	Nationality (by birth or by domicile)	Place of birth	Occupation, if employed, give designation and official address	Present postal address (if dead, give last address)	Permanent Home address
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 (by birth or by domicile)	Place of birth	Country in which studying/living with full address	Date from which studying/ living in the country mentioned in the previous column

13.	Educational Qualification showing places of education with years in Schools and Colleges since 15th year of age.		
Name of School/ College with Full Address	Date of entering	Date of leaving	Examination passed

14. (a)	Are you holding or have any time held an appointment under Central or State Government or a Semi-Government or a Quasi Government body or an autonomous body or a Public Sector Undertaking or a private firm or Institution? If so, give full particulars with date of employment up-to-date			
Period		Designation and Emoluments and nature of Employment	Full Name and Address of Employer	Reasons for leaving previous service
From	To			

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 autonomous 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 against you, or had you been called upon to explain your conduct in any matter at the time you gave notice to termination of service, or at a subsequent date(s), before your service actually terminated?

15. (i)	(a)	Have you ever been kept under detention?	Yes/No
	(b)	Have you ever been arrested?	Yes/No
	(c)	Have you ever been prosecuted? (i.e. has a charge sheet in a criminal case been filed against you in any court of law)	Yes/No
	(d)	Is any original case pending against you in any Court of Law at the time of filling up this Attestation Form?	Yes/No
	(e)	Have you ever been convicted by a Court of Law for any offence?	Yes/No
	(f)	Whether discharged/expelled/withdrawn from any training/ institution under the Govt. or otherwise.	Yes/No
	(g)	Have you ever been rusticated by any University or any other educational authority/ institution.	Yes/No
	(h)	Have you ever been debarred / disqualified by any Public Service Commission/ Staff Selection Commission for any of its examinations/selections?	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)	Please also see the '**WARNING**' at the top of this attestation form.	
	(ii)	Specific answers to each of the questions should be given by striking out 'YES' or 'NO' as the case may be.	
16.	Names of two responsible persons of your locality or two references to whom you are known with Designation, full Address and Mobile/Landline no.)	1)	
		2)	

DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.

I am not aware of any circumstances which might impair my fitness for employment under Government.

Place:

Date: Signature of the candidate

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

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri / Smt. / Kumari _____declares:

i) That I am unmarried / a widower / a widow.

ii) That I am married and have only one spouse living.

iii) That I have entered into and contracted a marriage with another person having a living spouse. Application for grant of exemption is enclosed.

iv) That I have entered into and contracted a marriage with another person during the life time of my spouse. Application for grant of exemption is enclosed.

I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date: **Signature**

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 the declaration)

To,

_____

_____

_____

Sir / Madam,

I request that in view of the reasons stated below, I may be granted exemption from the operation of restriction on the recruitment to service of a person having more than one wife living / wife who is married to a person already having one or more living.

Yours faithfully,

Signature

(K)

Form of declaration to be submitted by OBC Candidate (in addition to the community certificate)

I,_____ Son/Daughter of Shri. _____ Resident of village/town/city _____ district_____ State_____ hereby declare that I belong to the _____ community which is recognized as a backward class by the Department of Personnel and Training Office memorandum No. 36012/22/93-Estt.(SCT) dated 08.09.1993. It is also declared that as on closing date I do not belong to persons/sections (Creamy layer) mentioned in column 3 of the Schedule to the above referred memorandum dated 08.09.1993, O.M. No. 36033/3/2004-Estt.(Res.) dated 9th March, 2004, O.M No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res.) dated 27th May, 2013.

Signature of the Candidate:

Full Name: .....

~~Roll No:~~.....

Place:.....

Date:.....

Declaration / Undertaking not signed by Candidate will be 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 / she bears reputable character and has no antecedent which render him / her unsuitable for Government employment.

Shri / Smt. _____ is not related to me.

Date: **Signature:**

Place: **Designation:**

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 / she bears reputable character and has no antecedent which render him / her unsuitable for Government employment.

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

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

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

vi) Block Development Officers vii) Post Masters viii) Panchayat Inspectors

Certified that I have known Shri./Smt/Kum. _____ son/daughter of Shri. _____ for the past _____ years and _____ months and that to the best of my knowledge and belief the particulars furnished by him/her are correct.

PLACE: SIGNATURE

DATE: Designation or Status & Address

TO BE FILLED BY THE OFFICE

i) Name, Designation and Full Address of the appointing authority

ii) Post for which the candidate is being considered