
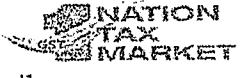


भारत सरकार / GOVERNMENT OF INDIA वित्त मंत्रालय / MINISTRY OF FINANCE राजस्व विभाग / DEPARTMENT OF REVENUE		Telephone: 044-28331011 Fax : 044-28331015 Email id: cca.estt.section@gmail.com	
OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER OF GST & CENTRAL EXCISE, TAMILNADU AND PUDUCHERRY ZONE, 26/1, MAHATMA GANDHI ROAD, NUNGAMBAKKAM, CHENNAI - 600 034.			

C.No.II/31/02/2020-CCA.Estt.

दिनांक Dated: 30.09.2021

सूचना / NOTICE

विषय: कर्मचारी चयन आयोग, संयुक्त स्नातक स्तरीय परीक्षा, 2018 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: Allocation of candidates through Staff Selection Commission, Combined Graduate Level Examination, 2018 to the post of Inspector of Central Excise- Intimation of date and venue of Document Verification/ Physical Test – reg.

केन्द्रीय अप्रत्यक्ष कर एवं सीमा शुल्क बोर्ड (सीबीआईसी), नई दिल्ली ने पत्र F.No.A.12034/SSC/02/2018-Ad.III B दिनांक 15.09.2021 के माध्यम से कर्मचारी चयन आयोग द्वारा आयोजित संयुक्त स्नातक स्तरीय परीक्षा, 2018 के परिणामों के आधार पर चेन्नई वस्तु और सेवा कर अंचल में निरीक्षक (वस्तु और सेवा कर तथा केन्द्रीय उत्पाद शुल्क) के पद पर 28 अभ्यर्थियों को आवंटित किया है।

The Central Board of Indirect Taxes and Customs (CBIC), New Delhi vide letter F.No.A.12034/SSC/02/2018-Ad.III dated 15.09.2021 has allocated 28 candidates for the post of Inspector (GST & Central Excise) to Chennai GST Zone based on the results of the Combined Graduate Level Examination, 2018, 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 अभ्यर्थियों को निम्नलिखित शारीरिक 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) Physical standards (Minimum)	शारीरिक क्षमता परीक्षा Physical test
पुरुष अभ्यर्थी Male Candidate	Height -157.5 cms (relaxable by 5 cms in the case of Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes) Chest - 81 cms (fully expanded with minimum expansion of 5 cms)	Walking – 1600 metres in 15 Minutes Cycling – 8 K.M in 30 Minutes
महिला अभ्यर्थी Female Candidate	Height -152 cms (relaxable by 5 cms in the case of Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes) Weight - 48 kg. (relaxed by 2 k.g.for Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes)	Walking – 1 km in 20 Minutes Cycling – 3 K.M in 25 Minutes

3. इस संबंध में अनुबंध 'ए' में दर्शाए गए अभ्यर्थियों को निदेश दिया जाता है कि वे अपने नामों के आगे दी गई तारीखों पर प्रातः 10.00 बजे 06.10.2021, 07.10.2021, 08.10.2021 वस्तु और सेवा कर तथा केन्द्रीय उत्पाद शुल्क के प्रधान मुख्य आयुक्त का कार्यालय, चेन्नई अंचल, 26/1, महात्मा गांधी मार्ग, नुंगम्बाक्कम, चेन्नई - 600 034 में दस्तावेज़ सत्यापन/ शारीरिक क्षमता परीक्षा के लिए बिना किसी चूक के उपस्थित हों। अभ्यर्थियों से अनुरोध किया जाता है कि वे दस्तावेज़ सत्यापन/शारीरिक क्षमता परीक्षा के लिए जूते अपने साथ लाएं।

Document verification/ Physical Test on the dates mentioned against their names at 10.00 A.M on 06.10.2021, 07.10.2021, 08.10.2021 at Office of the Principal Chief Commissioner of GST & Central Excise, 26/1, Mahatma Gandhi Road, Nungambakkam, Chennai - 600 034 without fail. Candidates are requested to bring shoes for the Physical Test.

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, **in triplicate**, 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 (**in original**) along with 3 sets of photocopy at the time of Document Verification/ Physical Test:

- 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) Certificate in case of Person with disabilities (Divyangjan) candidate.
- e) Character Certificate from two Gazetted officers of the Central or State Government or Stipendiary Magistrates. (2 sets in original)
- f) Identity Certificate from a Gazetted officers of the Central or State Government or Stipendiary Magistrates. (2 sets in original)
- g) 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. (Annexure 'B')
- h) Candidates are also required to produce a certificate to the effect that the candidate is **"free from colour blindness"** from a physician not below the rank of a Civil Surgeon.
- 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) Aadhar card and PAN Card.
- l) 3 Sets of Colour photographs of size 5cm x 7cm to be pasted on the Attestation Forms.

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 चाहते हैं वे अपने वर्तमान नियोजक से इस शारीरिक परीक्षा उत्तिर्नता के सम्बन्ध में प्रमाणपत्र प्रस्तुत करें। प्रमाणपत्र इस सूचना के संदर्भ में प्राप्त किया जाना चाहिए।

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 with reference to this Notice.

7. दस्तावेज़ सत्यापन/शारीरिक परीक्षा के लिए निर्धारित तिथि को अभ्यर्थी 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 candidates not reporting on the prescribed date for the Document Verification/Physical Test, it will be presumed that they are not interested in accepting the offer of appointment in the department and the nomination will be treated as cancelled.

8. अभ्यर्थियों के लिए स्पीड पोस्ट द्वारा अलग से सूचना भेजी जा रही है। भेजे गए सूचना पत्रों के न मिलने पर भी अभ्यर्थी उनके नामों के आगे दी गई तारीखों पर शारीरिक मानक/परीक्षा के लिए उपस्थित हो सकते हैं। अभ्यर्थी संलग्न सत्यापन प्रपत्रों को डाउनलोड कर सकते हैं और विधिवत् भरे गए प्रपत्रों को शारीरिक क्षमता परीक्षा में उपस्थिति होने के समय प्रस्तुत कर सकते हैं।

Separate intimation to the candidates is being dispatched by Registered Post & Email. The candidates may attend the physical standard/ tests on the dates mentioned against their names even in case they do not receive the dispatched copies of information letters. 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 - <http://centralexcisechennai.gov.in/CCA%20Estt.htm>.



(T.G.VENKATESH)

अपर आयुक्त/ Addl. Commissioner

संलग्न Encl:

1. Attestation Form
2. Annexure 'A'
3. Annexure 'B'

(All forms & enclosures can be downloaded from Chennai Central Excise Website - <http://www.centralexcisechennai.gov.in/CCA%20Estt.htm>)

अनुबंध / ANNEXURE – III

उम्मीदवारों के बयान और घोषणा

CANDIDATES STATEMENT AND DECLARATION

उम्मीदवार अपनी चिकित्सा जांच करने से पहले नीचे की आवश्यकता अनुसार बयान करना चाहिए और उससे संलग्न घोषणापत्र पर हस्ताक्षर करना चाहिए। उसके ध्यान नीचे नोट में निहित चेतावनी की ओर विशेष रूप से निर्देशित है।

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 specially directed to the warning contained in the note below: -

1. अपना पूरा नाम लिखिए (स्पष्ट अक्षरों में)
State your name in full (in block letters)
2. अपनी उम्र और जन्म स्थान लिखिए
State your age and place of birth
3. (क) यदि आप को कभी भी, चेचक, रुक रुककर होने वाले या किसी अन्य बुखार, ग्रंथियों की वृद्धि या पीप आना, रक्त का थूकना, अस्थमा, हृदय रोग, फेफड़ों की बीमारी, आमवात के आक्रमण से कमजोरी होना, पथरी की बीमारी हुआ है ?
(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?
(ख) किसी भी अन्य बीमारी या दुर्घटना जिस की वजह से बिस्तर पर आराम करने की और मेडिकल या सर्जिकल इलाज के लिए आवश्यकता होती है ?
(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?
4. आप ने पिछली बार कब टीका लगाया था ?
When you were last vaccinated?
5. आप या आपके किसी संबंधों स्कारफुला का खपत, गठिया, दमा, फिट्स, मिर्गी या पागलपन से पीड़ित हो गए हैं ?
Have you or any of your near relations been afflicted with consumption scarfula, gout, asthma, fits, epilepsy or insanity?
6. अगर आप अधिक काम या किसी अन्य कारण के होने के कारण होरवौसनेस्स के किसी भी रूप से पीड़ित हो गए हैं ?
Have you suffered from any form of horvousness due to over work or any other cause?
7. पिछले 3 वर्षों के भीतर एक चिकित्सा अधिकारी / मेडिकल बोर्ड द्वारा आप की जांच करके क्या आप को सरकार सेवा के लिए अयोग्य घोषित किया गया है ?
Have you been examined and declared unfit for Govt. service by a Medical Officer /Medical Board, within the last 3 years?
8. अपने परिवार के संबंध में निम्नलिखित विवरण प्रस्तुत करें। / Furnish the following particulars concerning your Family:-

पिता की उम्र, यदि जीवित है तो, और उनके स्वास्थ्य की स्थिति Father's age if living and state of health	पिता की मृत्यु के समय की उम्र और मौत का कारण Father's age at death and cause of death	जीवित भाइयों की संख्या, उनकी उम्र और स्वास्थ्य की स्थिति No. of brothers living, their ages & state of health	मृत भाइयों की संख्या, मृत्यु के समय की उम्र और मृत्यु के कारण No. of brothers dead their age at death and cause of death

माता की उम्र, यदि जीवित है तो, और उनके स्वास्थ्य की स्थिति Mother's age if living and state of health	माता की मृत्यु के समय की उम्र और मौत का कारण Mother's age at death and cause of death	जीवित बहनों की संख्या, उनकी उम्र और स्वास्थ्य की स्थिति No. of sisters living, their ages & state of health	मृत बहनों की संख्या, मृत्यु के समय की उम्र और मृत्यु के कारण No. of sisters dead their age at death and cause of death

मैं घोषणा करता /करती हूँ कि उपर्युक्त प्रश्नों के सभी उत्तर मेरी जानकारी और विश्वासके अनुसार सही हैं ।
I declare all the above answers to be, to the best of my knowledge and belief, correct.

मैं यह भी सत्यनिष्ठा से समर्थन करता /करती हूँ कि मुझे किसी भी बीमारी या अन्य हालत के कारण एक विकलांगता प्रमाण पत्र / पेंशन नहीं मिला है ।
I also solemnly affirm that, I have not received a disability certificate /pension on account of any disease or other condition.

उम्मीदवार का हस्ताक्षर
CANDIDATE'S SIGNATURE

मेरी उपस्थिति में हस्ताक्षर किए हैं
SIGNED IN MY PRESENCE

दिनांक / Date:
स्थान / Place:

सील सहित चिकित्सा अधिकारी का हस्ताक्षर
SIGNATURE OF MEDICAL OFFICER WITH SEAL

कार्यालय सील / Office Seal

नोट: - उम्मीदवार ऊपर बयान की सटीकता के लिए जिम्मेदार ठहराया जाएगा। जानबूझकर किसी भी जानकारी को दबा ने के कारण उन्हें नियुक्ति को खोने का, और अगर नियुक्त किया गया है तो, सेवानिवृत्ति भत्ता या उपदान के लिए सभी दावे का अधिकार खो देने का जोखिम उठाना होगा ।

Note: - The candidate will be held responsible for accuracy of the above statement. By the 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.

✓

चिकित्सा प्रमाण पत्र
MEDICAL CERTIFICATE

में इसके द्वारा प्रमाणित करता हूँ कि मैंनेविभाग में रोजगार के लिए एक उम्मीदवार की जांच की है, और को छोड़कर किसी भी रोग (संचारी या अन्यथा) संवैधानिक कमजोरी, या दुर्बलता का खोज नहीं कर सकता, मैं इसको कार्यालय में रोजगार के लिए एक अयोग्यता नहीं मानता हूँ। उसकी उम्र उसके स्वयं के बयान के अनुसारसाल है और आकार से करीबसाल है।

I hereby certify that, I have examineda candidate for employment in theDepartment, and cannot discover that has any disease (communicable or otherwise) constitutional weakness, or infirmity exceptI do not consider this a disqualification for employment in the office of theHis /her age is according to his/her own statementyears and by appearance aboutyears.

दिनांक / Date:

स्थान / Place:

कार्यालय सील / Office Seal

सील सहित चिकित्सा अधिकारी का हस्ताक्षर
Signature of the Medical Officer with seal

Annexure 'A'

S.No.	Roll No.	Name	Rank	Date of Document Verification
I BATCH				
1	2201330527	SHUBHAM SHARMA	447	06.10.2021
2	2405033994	AJAY PAL CHOUDHARY	458	
3	3009619312	SULABH TIWARI	695	
4	2201261052	KASHISH KUMAR	1064	
5	8007007850	TEJOMURTHULA UDAY SHANKAR	1286	
6	2201325740	ANKIT RATHEE	1403	
7	8601041040	DEVA REDDY KARTHIK	1506	
8	2201288402	ATUL SHARMA	1623	
9	3206334607	PIYUSH CHANDRA	1844	
10	3009607275	PRADEEP JHA	1889	
11	2201223375	NEHA SINGH	1946	
12	2201226629	SENTHIL MURUGESH BK	2005	
13	2201125962	DISHA JUNEJA	2140	
14	8601058951	G PADMA PRIYA	2151	
II BATCH				
S.No.	Roll No.	Name	Rank	Date of Document Verification
15	9206013183	VISHNU K	2209	07.10.2021
16	8603004309	RAVULA GOURI SHANKAR	2393	
17	8201033407	R VISHNU PRIYA	3045	
18	8007001224	SARAGADAM SAI PRASANNA KUMAR	3568	
19	8601054946	DONEPUDI ANILKISHAN	3594	
20	8207002362	STEPHEN P	3710	
21	8201038732	RANJITH KUMAR J	3795	
22	8601002565	PADMA PAVAN KUMAR	4045	
23	8202001079	DHILIPAN SK	7197	
24	8201010109	GUNASEELAN V	7801	
25	8008007583	DASARI PRADEEP	7807	
26	8001011058	BODDU ANAND GNANA SAMPATH	7916	
27	2201219036	THANGLUNMANG HAOKIP	8245	
28	8006014917	BUKKE SIVA KRISHNA NAIK	8635	

		WARNING	
Affix signed passport size (5 cm x 7 cm) copy of recent photograph)		1	The furnishing of false information or suppression of any factual information in the attestation form would be 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 early, failing which it will be deemed to be a 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/ he service 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 of surname.)	SURNAME	NAME
2	Present address in full (i.e. Village, Thana and Distt. Or House No., Lane / Street Road and Town)		
3(a)	Home address in full (i.e. Vill., Thana and Distt. Or House No., Lane / Street / Road and Town have of Distt. Hqr.		
3(b)	If originally a resident of Pakistan / Bangladesh (erstwhile East-Pakistan), the address in that country and the date of migration to Indian Union		
4	Aadhar Card No (if available)		
5	Pan No (if available)		
6	Nationality		
7(a)	Date of Birth		
7(b)	Present Age		
7(c)	Age at Matriculation		
8(a)	Place of birth: District and state in which situated		
8(b)	District and state to which you belong		
8(c)	District and state to which your father originally belong		

9(a)	Your Religion -						
9(b)	Are you a member of a Scheduled Caste/Scheduled Tribe/Other Backward Classes ? (Answer Yes or No)						
10	Particulars of places (with period of residence) 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 attaining the age of 21 years should be given.						
	From	To	Residential address in full (i.e. Village, Thana & District or House No. & Street / Road and Town			Name of the District Hqtr., 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 & 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 sons and / or daughters 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 place of education with years in schools and colleges since 15th years 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 the Central Govt. or State Govt. or a quasi-Govt. body or an Autonomous body or a public undertaking, or a private firm or institution? If so, give full particulars with dates of employment up to date				
	Period		Designation, 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 Govt. of India / State Govt./an undertaking owned or Controlled by the Govt. of India or a State Govt. an Autonomous Body / University / Local Body If you had left service on giving one month's notice under Rule 5 of the Central Service (temporary service) Rules 1965 or any similar corresponding rules, were any disciplinary proceeding framed against you, or had you been called upon to explain you conduct in any matter at the time you gave notice of 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 in any court of law)			Yes/ No
	(d)	Is any criminal 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 Government 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 examination / selection?			Yes/ No

15 (ii)	If the answer to any of the above mentioned question is "Yes" (give full particulars of the case / arrest / detention / fine / conviction / 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.	1	2
DECLARATION			
<p>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.</p> <p>I am not aware of any circumstances which might impair my fitness for employment under Government.</p> <p style="text-align: right;">Signature of candidate: Date: Place:</p>			
TO BE FILLED BY THE OFFICE			
(i)	Name, Designation and full address of the appointment authority		
(ii)	Post for which the candidate is being considered		

IDENTITY CERTIFICATE

Certified that I have known Shri / Smt./

Kum. _____ Son / Daughter of Shri

_____ for the last _____ years _____

months and to the best of my knowledge and belief, the particulars furnished by him/her are correct.

Date :

Place :

Signature:

Designation / Status and
Address with seal

NOTE : THIS CERTIFICATE IS TO BE SIGNED BY ANY ONE OF THE FOLLOWING.

1. Gazetted Officers of Central or State Government.
2. Members of Parliament or State Legislature belonging to the Constituency where the candidate or his parent / guardian is Originally a resident
3. Sub-Divisional Magistrate / Officers
4. Tahsildars / Deputy Tahsildars authorized to exercise Magisterial powers .
5. Principal / Head Master of the recognized School(s) / College(s) / Institution where the candidate studied last
6. Block Development Officers
7. Post Masters
8. Panchayat Inspectors

I. CHARACTER CERTIFICATE

Certified that I have known Shri / Smt. / Kum.

Son / Daughter of Shri _____ for the last
_____ years _____ months and to the best of my knowledge and
belief, he / she bears reputable character and has no antecedents which render him / her
unsuitable for Government employment.

2. Shri / Smt. Kum. _____ is
not related to me.

Date :
Place :

Signature :
Designation :
Seal :

II. CHARACTER CERTIFICATE

Certified that I have known Shri / Smt. / Kum. _____ Son
/ Daughter of Shri _____ for the last _____
years _____ months and to the best of my knowledge and belief, he /
she bears reputable character and has no antecedents which render him / her unsuitable
for Government employment.

2. Shri / Smt. Kum. _____ is
not related to me.

Date :
Place :

Signature :
Designation :
Seal :

TO BE FILLED BY THE OFFICE

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.