



दूरभाष /Telephone:044-28331011 फेक्स /Fax :044-28331113

Email: ccaestt-prcco@gov.in

OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER OF GST AND CENTRAL EXCISE, CHENNAI ZONE (TAMIL NADU & PUDUCHERRY)

26/1,महात्मा गांधी मार्ग, नुंगम्बाक्कम, चेन्नै-600 034

26/1, Mahatma Gandhi Road, Nungambakkam, Chennai 600 034

C. No. II/31/05/2021-CCA.Estt.

Dated: 30 .09.2021

स्चना/NOTICE

विषय: कर्मचारी चयन आयोग, संयुक्त स्नातक स्तरीय परीक्षा, 2018 के माध्यम से कर सहायक (वस्तु और केन्द्रीय उत्पाद शुल्क) के पद के लिए अभ्यर्थियों का आबंटन- दस्तावेज़ सत्यापन के स्थान और तिथि की सूचना- संबंधित।

Sub: Allocation of candidates through Staff Selection Commission, Combined Graduate Level Examination, 2018 to the post of Tax Assistant of Central Excise- Intimation of date and venue of Document Verification- reg.

केंद्रीय 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 कर सहायक (वस्तु और सेवा कर तथा केन्द्रीय उत्पाद शुल्क) के पद पर 09 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 (B) dated 15.09.2021 has allocated 09 candidates for the post of Tax Assistant (GST & Central Excise) to Chennai GST Zone based on the results of the Combined Graduate Level Examination, 2018, conducted by Staff Selection Commission.

2. 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 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 के लिए बिना किसी चूक के उपस्थित हों।

In this regard, the candidates figuring in Annexure 'A' are directed to report for Document Verification on the dates mentioned against their names at 10.00 A.M at Office of the Principal Chief Commissioner of GST & Central Excise, 26/1, Mahatma Gandhi Road, Nungambakkam, Chennai - 600 034 without fail.

3. अनुप्रमाणन प्रपत्र विधिवत् भर कर दस्तावेज सत्यापन 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 without fail.

4. अम्यायया का निदरा १६या जाता ह १क व दस्तावज़ सत्यापन क समय निम्नालाखत दस्तावज़ तीन प्रतियों के साथ अवश्य प्रस्तुत करें:

The candidates should bring the following documents (**in original**) along with '1 set of photocopy at the time of Document Verification:

- 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. (2 sets in original)
- g) Identity Certificate from a Gazetted officers of the Central or State Government or Stipendiary Magistrates. (2 sets in original)
- 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. (Annexure 'B')
- 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.
- 1) 3 Sets of Colour photographs of size 5cm x 7cm to be pasted on the Attestation Forms.
- 5. दस्तावेज सत्यापन 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 आवंदन को निरस्त किया जाएगा। In the event of not reporting on the prescribed date for the Document Verification, 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.
- 6. 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 दस्तावेज़ सत्यापन के लिए उपस्थित हो सकते हैं। अभ्यर्थी संलगन सत्यापन प्रपत्रों को डाउनलोड कर सकते हैं और विधिवत् भरे गए प्रपत्रों को दस्तावेज़ सत्यापन 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 document verification 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 document verification. All forms along with this Notice may be downloaded from - http://centralexcisechennai.gov.in/CCA%20Estt.htm.

(T G VENKATESH) अपर आयुक्त/ Additional Commissioner

To

The candidates (As per the list enclosed as Annexure 'A')

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

Copy to:

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

ANNEXURE A

SL NO	NAME	ROLL NO.	RANK. NO	DATE OF DOCUMENT VERIFICATION
1	SANCHANA MURALI	8202004516	5306	
2	RAJA VISHNOI	2405033082	5803	
3	NIHARIKA MALVIYA	3010331635	5852	
4	SHIVAM DABAS	2201265293	5856	
5	KOTA ANUSHA	8001000576	5868	08th OCTOBER 2021, 10.00 A.M
6	PUSHPA M	7801700397	7027	
7	PRAVIN DOSS R	8201023905	8898	
8	B SRIKANTH NAYAK	8601048308	9623	
9	BIJULAL T	9211000220	10405	

अन्बंध / 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 वृद्धी या पीप आना, रक्त का थूकना, अस्थमा, हृदय रोग, फेफड़ों की बीमारी, आमवात के आक्रमण से कमजोरी होना, पथरी की बीमारी हआ 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?
- 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 उम्म,यदि	पिता की मृत्यु के समय की	जीवित भाइयों की संख्या,	मृत भाइयों की संख्या, मृत्यू के
जीवित है तो, और उनके	उम्र और मौत का कारण	उनकी उम्र और स्वास्थ्य की	समय की उम्र और मृत्यु के
स्वास्थ्य की स्थिति	Father's age at death and	स्थिति	कारण
Father's age if living and state of health	cause of death	No. of brothers living, their ages & state of health	No. of brothers dead their age at death and cause of death
L			

माता की उम्म,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, मृत्यू के समय की उम्र और मृत्यु के कारण No. of sisters dead their age at death and cause of death

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

में यह भी सत्यनिष्ठा से समर्थन करता /करती हूं 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 भता 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.

V

चिकित्सा प्रमाण पत्र MEDICAL CERTIFICATE

में इसके द्वारा प्रमाणित करता हूं कि मैंनेविभाग में रोजगार के लिए एक
उम्मीदवार की जांच की हैं, 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 हूं। उसकी उम्र उसके स्वयं के बयान के अनुसारसाल है
और आकार से करीबसाल है।
I hereby certify that, I have examined
disease (communicable or otherwise) constitutional weakness, or infirmity except
I do not consider this a disqualification for employment in the office of the
by appearance aboutyears.

दिनांक / Date: स्थान / Place: सील सहित चिकित्सा अधिकारी का हस्ताक्षर Signature of the Medical Officer with seal

कार्यालय सील / Office Seal

WARNING 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. . Affix signed passport size (5 cm x 7 cm) If detained, arrested, prosecuted, bound down, fines copy of convicted, debarred, acquitted etc., subsequent to recent photograph) 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. 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. Name in full (in block capitals) with aliases, SURNAME NAME if any. (Please indicate if you have added or dropped in any stage any part of your name of surname.) 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. Hgr. If originally a resident of Pakistan / 3(b) Bangladesh (erstwhile East-Pakistan), the address in that country and the date of migration to Indian Union Aadhar Card No (if available) Pan No (if available) 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 District and state to which your father originally belong

9(a)	Your Reli	gion -	· ·		······································			
9(b)	Caste/Sc	a member of a S heduled Tribe/C (Answer Yes or	ther Backward					
10	during th	e preceding five	n period of resider years. In case of s an one year after	stay abroad	(including Pakis	tan), parti	culars o	of all places where vo
From To			Residential addr District or House	of the District Hqtr., of place mentioned in the preceding column				
	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
а	Father							
b	Mother		,					
С	Spouse							
2	Information foreign cou	on to be furnished	ed with regard to s	ons and / o	or daughters in c	ase they a	re stud	lying / living in a
Nationality by birth or by domicile			Place of Birth	Place of Birth Country in which studying/living with full address				Date from which Studying / Living in the country mentioned in the previous column

Educational qualification showing place of education with years in schools and colleges since 15th years of Name of School/College Date of entering. Date of Leaving with Full Address 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 Full name and Reasons for Designation, emoluments address of and nature of Employment leaving From employer To previous service 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) Have you ever been kept under detention? (a) Yes/ No (b) Have you ever been arrested? Yes/No Have you ever been prosecuted? (c) (i.e., has a charge sheet in a criminal case been filed against in any court of Yes/No Is any criminal case pending against you in any court of law at the time of (d) filling up this attestation from? Yes/No Have you ever been convicted by a Court of law for any offence? (e) Yes/No Whether discharged / expelled / withdrawn from any training / institution (f) under the Government or otherwise? Yes/No Have you ever been rusticated by any University or any other educational (g) authority/institution? Yes/No Have you ever been debarred / disqualified by any Public Service Commission / Staff Selection Commission for any of its examination / (h) Yes/No selection?

15 (ii)	If the ansv	/ fine / convict	ne above mentioned question is "Yes" (give full particion / punishment, etc. and /or the nature of the ca Authority, etc. at the time of filling up this Attestati	se pending in the Court /
		V		
	<u></u>	(i)	Please also see the "Warning" at the top of this A	ttestation Form
	Notes	(ii)	Specific answers to each of the questions should be "Yes" or "No" as the case may be.	
16	your localit	e persons of y or two to whom you	1 2	
			DECLARATION	
		I action as a co	ances which might impair my fitness for employme Signature of candidate: Date: Place:	nt under Government.
			·	
i)	1	Name, Designa	TO BE FILLED BY THE OFFICE tion and full address of the appointment authority	·
i)	P	ost for which th	ne candidate is being considered	

IDENTITY CERTIFICATE

	Certified	that	i	have	kno	₩n	Shri		
Kum							01111	. ,	/ Smt.
				Son	/	Daugl		of	Shri
		for the	e last _			Veare			
months and t	O the boot of					years			
,	o the best of m	iy Knowle	dge a	nd belief, the	e part	iculars	furnisł	ned b	v him/her
are correct.									J
					•				
Date :									
Place :		•			Sign	ature:			
race ;						gnation	/ Stat	110 +	.1
					Addr	ess with	seal	us an	
NOTE: TH	iis centinia								
FOLLOWING.	IIS CERTIFIC	ATE IS	TO E	BE . SIGNED) BY	ANY	ONE	OF	THE
1.	Gazetted (Officers of	f Centi	al or State (Foller	Dmont			
2.	Members	f Dortt-							
	Originally a	cy where resident	the ca	State Legist ndidate or h	ls par	pelong ent /gu	ing to ardian	the Is	
3,	Sub-Division								
4.	Tahsildars / powers	Deputy T	ahsild	ars authorize	ed to ∈	exercis	e Man	İsteri:	al.
5.	Principal / He institution wh	200 Mar. 4				ooi(s)	Calla	~~(~)	-4I
6,	Block Develo			ite studled le	est	-(-)	QONG!	3 c (8)	/
7.	Post Masters	brueut Ot	TICETS						
8.									
	Panchayat Ins	pectors							

I. CHARACTER CERTIFICATE

	Certified	that	l	have	known	Shri	1	Smt.	1	Kum
Son / Dau	ghter of s	 Shri		mo	onths and to	the h	est of	fo		e las
belief, he / sh unsuitable for	e bears rep	utable ch	arac	ter and	has no ante	ceden	ts whi	ich rend	ler hin	n./ her
2. not related to	Shri / Sm me.	t. Kum.	·		***************************************		· · · · · · · · · · · · · · · · · · ·			is
Date : Place :					Signatu Design Seal		: : :			
		II. CHA	RA	CTER C	ERTIFICAT	E				
Certified	that I have	known S	3hri	/ Smt. / I	Kum					Son
/ Daughter of S	Shri			·		for	the i	last		-011
years		mont	hs a	and to th	e best of m	y kno	wledg	e and b	elief,	he /
she bears reput for Government	table charac	oter and h	as r	no antec	edents whic	h reno	ler hir	m / her ı	ınsuit	able
2. S not related to ma	Shri / Smt, e.	Kum				· · · · · · · · · · · · · · · · · · ·			 .	_ is
Date :	~~~~~~				Signatur Designat Seal					.pr
							~~~~			

TO BE FILLED BY THE OFFICE

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

l,				_ Sor	ı/Daught	ter of	Shri			
			Resider	nt o	f village,	/town	/city			
	district									
State	hereby	declare	that	I	belong	to	the			
	community v	which is re	ecognize	ed as	a backv	ward (	class			
by the Department of Pers	sonnel and Training	g Office me	emorano	dum	No. 3601	2/22	/93-			
Estt.(SCT) dated 08.09.199	93. It is also declare	ed that as	on clos	ing d	ate I do 1	not be	long			
to persons/sections (Crea										
above referred memorand										
dated 9th March, 2004, O.										
and O.M. No. 36033/1/20						·				
;	Signature of the Ca	ndidate:								
1	Full Name:		••••••	•••••	•••••	••••••	••••			
1	<del>1012</del> 110:	***************************************	***********	•••••	••••••	******	••••			
I	Place:	······································	***********	•••••		******	••••			
Ι	Date:	•••••	••••••		••••••	•••••				
Declaration / Undertaking r					,					