



आयुक्त सीमा शुल्क का कार्यालय चेन्नै-VIII आयुक्तालय
OFFICE OF THE COMMISSIONER OF CUSTOMS, CHENNAI VIII COMMISSIONERATE
सीमा शुल्क भवन, 60, राजाजी सालै, चेन्नै-600 001.
CUSTOM HOUSE, NO.60, RAJAJI SALAI, CHENNAI 600 001.
www.chennaicustoms.gov.in

दूरभाष/Telephone: 2522 1918

फैक्स/Fax No. : 2522 0093

F. No. S14/06/2020-Estt

Dated: .09.2020

NOTICE NO. 2 /2020

Sub.: Establishment – Chennai Custom House – Stenographer Grade-II
Examination, 2017 – Intimation of date for document verification– Reg.

The Central Board of Indirect Taxes and Customs (CBIC), New Delhi, vide letter F.NO.12034/SSC/15/2017- AD.III(B) dated 29.06.2020 has allocated following 3 candidates for the post of Direct Recruitment Stenographer Grade-II to this Custom House, Chennai based on the results of the Stenographer Grade-II Examination, 2017 conducted by Staff Selection Commission.

S.NO	NAME	ROLL NO	RANK	REMARKS
1	ANKUR RASTOGI	3010028514	SL/1105	Ankurrastogiadd80386@gmail.com
2	VIKAS MALHOTRA	1601002052	SL/1149	vikasmalhotrasteno@gmail.com
3	SHILPA PAL	3003018757	SL/1151	Shilpapal2794@gmail.com

2. As per G.S.R. 184(E) dated 03.03.2011, there is no requirement of Physical Test.

3. In terms of Central Board of Indirect Taxes and Customs (CBIC), New Delhi instruction vide letter F.NO.12034/SSC/15/2017- AD.III(B) dated 29.06.2020 you are to undergo medical examination before the a Civil Surgeon or a District Medical Officer or a Medical Officer of equivalent status and the produce the Medical Fitness Certificate in the Prescribed Proforma. You are also directed to produce all original documents regarding age, educational qualification, Caste/PH/Ex-Servicemen certificates etc., on or before 15.10.2020 to the undersigned positively.

4. Separate intimation to the candidates will be dispatched with confirmed date by speed post. The candidates may download the enclosed attestation forms and submit the duly filled forms in duplicate at the time of Document verification

5. Further, in case of other Backward Classes the candidates are required to submit a certificate OBC status and non-creamy layer status issued by Competent Authority. In addition to certificate you have to submit an undertaking in the following format:

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 Government of India for purpose of
reservation in services as per orders contained in Department of personnel and
Training Office Memorandum No. 36012/22/22/93- Estt. (SCT) dated 08.09.1993. it
is also declared that I do not belong to persons/ sections (creamy layer) mentioned in
column 3 of the Schedule to the above referred Office Memorandum dated 08.09.1993.

Encl.: Annexure I -Attestation Form & Medical Certificate (Proforma)
To be published in Chennai Customs Website.


(N. KAVITHA)

JOINT COMMISSIONER (ESTT)

ATTESTATION FORM

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 GOVT.

Affix signed passport size (5 cm x 7 cm copy of recent photograph)
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2. If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted, etc. Subsequent to the completion and submission of this form,, the details of communicated immediately to the authorities to whom the attestation form has been sent earlier, falling which it will be deemed to be a suppression of factual information.
3. If the fact that false information has been furnished in the Attestation Form ,comes to notice at any time during the service of a person, his services would be liable to be terminated.

1.	Name in full (in block capitals letters) with aliases, if any (Place indicate if you have added or dropped in any stage any part of your name of surname.	
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.	
	(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. 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

5.	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
i) Father (Name in Full) ii) Mother iii) Wife/Husband iv) Brother(s) v) Sister(s)						

5. (a) Information to be furnished with regard to sons and / or daughters in case they are studying / living in a foreign country.

Name Nationality which (By Birth and / Or by Domicile)	Place of Birth	Country in which studying / studying / living with Full Address	Date from which Studying / Living in the country mentioned in the previous column

6. Nationality :

7. (a) Date of Birth :
 (b) Present Age :

11. (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 & Nature of employment	Full name / address of	Reasons for leaving previous service
From	To			

(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 or where any disciplinary proceeding framed against you, or had you been called upon to explain you conduct in any matter at the time you give notice of termination of service or at a subsequent date (s) before your service.

12. (a) Have you ever been arrested? Yes/No
- (b) Have you ever been prosecuted? Yes/No
- (c) Have you ever been kept under detention? Yes/No
- (d) Have you ever been bound down? Yes/No
- (e) Have you ever been fined by a Court of Law? Yes/No
- (f) Have you ever been convicted by a Court of law for any offence? Yes/No
- (g) Gave you ever been debarred from any Examination or restricted 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
- (i) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form? Yes/No
- (j) Is any case pending against you in any University or any other educational authority/institution at the

time of filling up this Attestation Form ?

(k) Whether discharged / expelled / withdrawn Yes/No
From any training / institution under the
Government or otherwise ?

(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.

NOTE: 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.

13. Name of two responsible persons of your locality or two references to whom you are known.

1.

2.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of the Candidate

Place:

Date :

DECLARATION

I Shri / Shrimathi / Kumari
declare as under :

- (i) That I am unmarried / a widower / a a widow
- (ii) That I am married and have only one wife living
- (iii) That I am married and my husband has no other living wife to the best of my knowledge.
- (iv) That I am married to a person who has already one wife or more living, 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 advice.

Signature

NOTE : * Please delete clause not applicable.

@ Applicable in the case of Clauses (i), (ii) and (iii) only.

To

The Asst. Commissioner of Customs (P&V)
Custom House
Chennai - I .

Sir,

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

/REASONS/

Yours faithfully,

(Signature)

IDENTITY CERTIFICATE

(Certificate to be signed by any of the following)

- i. Gazetted Officer of Central Government or State Govt.
- ii. Members of Parliament or State Legislative belonging to the constituency where the candidate or his parent / guardians ordinarily resident.
- iii. Sub-Divisional Magistrate /Officers.
- iv. Tehsildars or Naib Deputy Tehsildars authorized to exercise magisterial power .
- v. Principal / Headmaster of the recognized School/College/Institution where the candidate studied last.
- vi. Post Masters
- vii. Block Development Officer
- viii. Panchayat Inspectors.

Certified that I have known Shri / Smt./Kum. _____
_____ Son / Daughter of Shri _____
_____ for the last _____ Years _____ months
and that to the best of my knowledge and belief the particulars furnished by him / her are correct.

Signature
Designation or Status & Address

Place:

Date :

TO BE FILLED BY OFFICE

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

CERTIFICATE OF CHARACTER

(FOR CLASS III SERVICES)

Certified that I have Known Shri/Smt/Kum son /daughter of Shri/Smt for the lastyears months and that 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.

Place:

Signature:

Date:

Designation:

*(to be attested by Stipendary I class Executive Magistrate, District Magistrate or Sub Divisional Magistrate)

//ATTESTED//

Place:

Signature:

Date:

Designation:

(Attesting Authority)

(CANDIDATE STATEMENT AND DECLARATION)

The candidate must make the statement required prior to his medical examination and must sign the declaration appended there to. His attention is specially directed 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, asthma,
heart diseases, Lung diseases, fainting
attacks, rheumatism appendicitis?
OR
(b) Any other disease or accident requiring :
surgical 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,
Scrofulam gout, asthma, fits, epilepsy
or insanity ?
6. Have you suffered from any form of :
nervousness due to over-work or
any other cause ?
7. Have you been examined and :
declared Unfit for Govt. service by a
medical officer, Medical Board,
within the last 3 years ?

8. Furnish the following particulars concerning your family :-

Father's age is living & state of health	Father's age at death & cause of death	Number of brothers living, their ages and state of Health.	N. of brothers dead, their ages at death and cause of death.

Mother's age if living & state of health.	Mother's age at death and cause of death	Number of Sisters living, their ages and state of Health.	N. of Sisters dead, their ages at death and cause of death.

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

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

Candidate's Singature.....

Signed in my presence

Signature of Medical Officer

.....

Note:- The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information, he will incur the risk of losing the appointment of forfeiting all claim to superannuation allowance or gratuity.

FORM OF CASTE CERTIFICATE FOR SC/ST

The format of the certificate to be produced by Scheduled Castes or Scheduled Tribes candidates applying for appointment to posts under the Government of India.

This is to certify that Shri /Shrimati/Kumari*
son/daughter* of of Village / Town* in
District/Division* of State / Union Territory* belongs to
the.....Caste / Tribe* which is recognised as a Scheduled Caste / Scheduled Tribe* under:-

The Constitution (Scheduled Castes) Order, 1950
The Constitution (Scheduled Tribes) Order, 1950
The Constitution (Scheduled Castes) (Union Territories) Order, 1950
The Constitution (Scheduled Tribes) (Union Territories) Order, 1951
(As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Re-organisation Act, 1960, the Punjab Re-organisation Act, 1966, the State of Himachal Pradesh Act, 1970 and the North Eastern Area (Re-organisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976)
The Constitution (Jammu & Kashmir) Scheduled Castes order, 1956.
The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 @ as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976.
The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962.
The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962@
The Constitution (Pondicherry) Scheduled Castes Orders, 1964@
The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967@
The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968@
The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968@
The Constitution (Nagaland) Scheduled Tribes Order, 1970@
The Constitution (Sikkim) Scheduled Castes Order, 1978@
The Constitution (Sikkim) Scheduled Tribes Order, 1978@
The Constitution (Jammu & Kashmir) Scheduled Tribes order 1989@
The Constitution (SC) orders (Amendment) Act, 1990@
The Constitution (ST) orders (Amendment) Ordinance 1991@
The Constitution (ST) orders (Second Amendment) Act, 1991@
The Constitution (ST) orders (Amendment) Ordinance 1996.

% 2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/Scheduled tribes certificate issued to Shri/Shrimati
Father/mother of Shri/Srimati/Kumari* of village/town*
in District/ Division* of the State/Union Territory* who belong to the
Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the
dated

%3. Shri/Shrimati/Kumari * and / or his / her* family, reside(s) in village/town*
of* District/Division* of the State / Union Territory* of

Signature

**Designation

(with seal of Office)

Place.....

Date

* Please delete the words which are not applicable.

@ Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term, ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

** List of authorities empowered to issue Caste/Tribe Certificates:

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/ Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.



CERTIFICATE OF MEDICAL FITNESS
(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained only from Gazetted Government Medical officer/Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.)

Name.....
(in Block Letters)

Father's Name:

Blood group/Anemic (Blood Count)

Height :

Chest:

Heart and Lungs:

Vision: L:

Colour Vision :

Hearing:

Hernia/Hydrocele/Piles :

Any other disease diagnosed in past :

Allergies, if any :

List of prescribed medication, if any:

1.
2.
3.

Any other Remarks:

I certify that I have carefully examined Mr./Msson/daughter of Mr.
..... who has signed in my presence. He/She has no mental
and physical disease and is FIT.

Signature of the candidate

Signature of the Medical Officer

Station :

Date :

CERTIFICATE OF MEDICAL FITNESS
(TO BE DEPOSITED AT THE TIME OF JOINING)

only from Gazetted Government Medical officer/Medical Officer of a Government
Please note that in no other form this certificate will be accepted. Medical Certificates issued by
practitioners will not be accepted.)

.....
.....
.....
s)

Anemic (Blood Count)

Lungs:

vision:

Hydrocele/Piles:

Other disease diagnosed in past:

Diseases, if any:

of prescribed medication, if any:

1.
2.
3.

Any other Remarks:

I certify that I have carefully examined Mr./Ms son/daughter of Mr.
..... who has signed in my presence. He/She has no mental
and physical disease and is FIT.

Signature of the candidate

Signature of the Medical Officer

Station:

Date: