



प्रधान आयुक्त सीमा शुल्क का कार्यालय चेन्नै- सामान्य आयुक्तालय
OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS, CHENNAI GENERAL
COMMISSIONERATE

सीमा शुल्क भवन, 60, राजाजी सालै, चेन्नै-600 001.
CUSTOM HOUSE, NO.60, RAJAJI SALAI, CHENNAI 600 001.

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फा.सं/ F. NO.S14/06/2020-ESTT.

दिनांक/Dt: 22.09.2021

CIRCULAR

Sub: Establishment- Chennai Custom House-Document Verification for the post of Stenographer Grade-I & II recommended for appointment by Staff Selection Commission on the basis of result of Stenographer Grade C & D Examination-2018-reg.

This is with reference to the selection of following candidates as Stenographer Grade-I & II of Customs, recommended for appointment by Staff Selection Commission.

S.No.	NAME (Shri./ Ms./Smt.)	ROLL NO.
1.	NILESH VISHWAKARMA	6007001412
2.	NITISH KUMAR	3206007615
3.	S. AADITYA	2201031327
4.	SANDEEP	2201029816
5.	RAHUL VISHWAS	3001601088
6.	SHUBHAM KUMAR	2201003383
7.	RAVULAKOLLU VARUNKUMAR	8001000126
8.	DEEPAK YADAV	3009002989
9.	ANKIT KUMAR	2201002425
10.	SHIVAM	3010007440
11.	AMIT KUMAR	4410004063
12.	RAJ KISHOR	3206010432
13.	APURBA BARMAN	2201021511
14.	SHALU	2201014427

It is hereby informed that on the basis of the result of SSC Stenographer Grade C & D Examination 2018, candidates have to produce the following documents for verification.

1. In terms of Central Board of Indirect Taxes and Customs (CBIC), New Delhi instruction vide letter dated 31.08.2020 in F.No. 12034/SSC/10/2017-Ad.III(B) you are to submit medical fitness certificate issued by a Civil Surgeon or a District Medical Officer or a Medical Officer of equivalent status and produce the Medical Fitness Certificate in the prescribed proforma.
2. All original certificates for verification regarding Date of Birth, educational qualifications, caste certificate, disability certificates and any other relevant documents, etc. on or before **09.10.2021**.
3. The enclosed Attestation Form should be submitted in **DUPLICATE** duly filled in all respects at the time of document verification to the undersigned without fail.
4. You may download the Attestation form through online and submit the duly filled in duplicate at the time of document verification.

The offer of appointment will be issued after the document verification and subject to the authenticity of the certificates.



(SRINIVAS B.C.)

22/09/24

**JOINT COMMISSIONER OF CUSTOMS
ESTABLISHMENT
GENERAL COMMISSIONERATE**

Encl: As above

उम्मीदवारों के बयान और घोषणा 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 attestation 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 of suppression of glands,
spitting of blood, Asthma, heart disease, lung
disease, fainting attacks, rheumatism appendicitis?

(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 consumptions, scrofula, gout, asthma, fits,
epilepsy or insanity?
6. Have you suffered from any form of nervousness due to :
overwork or any other cause?
7. Have you been examined and declared unfit for Govt. :
service by a Medical Officer/Medical Board, within
the last three years ?
8. Furnish the following particulars concerning your family:

Father's age if living and state of health	Father's age at death and cause of death	No. of brothers living, their age & state of health	No. of brothers dead their age at death and cause of death

Mother's age if living and state of health	Mother's age at death and cause of death	No. of sisters living, their age & state of health	No. of sisters dead their age at death and cause of death

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

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

Candidate's Signature

Signed in my presence

Signature of Medical Officer with seal

Date:

Place:

Office Seal

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