

I/573064/2022



प्रधान आयुक्त सीमा शुल्क का कार्यालय चेन्नै- ( सामान्य)  
**OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS, CHENNAI (GENERAL)**  
 सीमा शुल्क भवन, 60, राजाजी सालै, चेन्नै-600 001.  
**CUSTOM HOUSE, NO.60, RAJAJI SALAI, CHENNAI 600 001.**  
[commr8-cuschn@gov.in](mailto:commr8-cuschn@gov.in)

दूरभाष/Telephone: 2522 2646  
 F.No.S14/112/2021-Estt

फैक्स/Fax No. : 2522 4622  
 Date: 22.04.2022

### **NOTICE**

Sub.: Establishment – Chennai Custom House – Combined Graduate Level Examination, 2018 to the post of Inspector (Preventive Officer / Examiner) – Intimation of date and venue to conduct the Physical Standards and Test)-**Final Reminder** – Reg.

\* \* \* \* \*

I am directed to say that on the basis of results of Combined Graduate Level Examination, 2018, candidates mentioned in the **Annexure I** have been recommended by the Staff Selection Commission for appointment as Inspector (Preventive Officer/Examiner)) in this Custom House, Chennai.

2. As per G.S.R. 1172(E).—dated 26.12.2016, candidates are required to pass physical test and possess physical standard as prescribed below, for appointment to the grade of Inspector (Preventive Officer/Examiner) of Customs.

|                  | <b>Physical Standards (Minimum)</b>  | <b>Physical Test</b>  |
|------------------|--|---|
| Male Candidate   | <b>Height-</b> 157.5 cms<br>(relaxable by 5 cms in the case of Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes)<br><br><b>Chest-</b> 81 cms. (fully expanded with Minumum expansion of 5 cms.)                                  | Walking- 1600 meters in 15 Minutes<br><br>Cycling- 8 K.M. in 30 Minutes |
| Female Candidate | <b>Height-</b> 152 cms<br>(relaxable by 5 cms in the case of Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes)<br><br><b>Weight-</b> 48 kg. (relaxed by 2 k.g. for Garhwalis, assamese, Gorkhas and members of Scheduled Tribes) | Walking- 1 K.M. in 20 Minutes<br><br>Cycling- 3 K.M. in 25 Minutes      |

3. In this regard, candidates mentioned in Annexure I were directed to appear for Physical Standards / Test on 26.10.2021 vide letter dated 18.10.2021 in reply to which they failed to appear on the scheduled date.

I/573064/2022

4. Therefore, such candidates are once again directed to appear for Physical Standards/ test and document verification **on 04.05.2022 at 07.00 A.M. without fail at Central Revenue Quarters, 15<sup>th</sup> Main Road, Anna Nagar, Chennai-600040.** Candidates are requested to come with sports shoes and also arrange bicycle for the Physical Test.

5. Candidates may download the Attestation form <https://ssc.nic.in/Downloads/portal/english/Attestation Form.pdf> and submit the duly filled **in triplicate** at the time of physical test to the undersigned without fail.

6. It is hereby informed that candidates are directed to produce the following documents (**in original**) along with one set of photocopy (Self Attested) at the time of Document Verification:

- a. Matriculation / High School Certificate for the proof of 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. Identity certificate and Character Certificate duly attested from three different Gazetted Officers who have known the candidate for a minimum of two years.(Two Sets)
- f. Certificate of Fitness from a physician not below the rank of a Civil Surgeon or a District Medical Officer. Female candidate should get the certificate from a female physician not below the rank of a Civil Surgeon or a District Medical Officer (Annexure 'B')
- g. NOC from current employer in case the candidate is employed in any of the offices under the Central Government / State Government.
- h. Discharge Certificate in case of Ex – Servicemen.
- i. Aadhar Card and PAN card.
- j. 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.
- k. 3 Sets of colour photographs of size 5cm x 7cm to be pasted on the Attestation Forms.
- l. 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.

7. It is intimated that Physical Test and Document Verification may take 2-3 working days. All the necessary expenses and arrangements regarding boarding and lodging have to be borne by the candidate himself/herself.

8. This may be treated as final reminder and no request for further change in date of Physical Test/ Document Verification will be entertained. If not reported on scheduled date, no further opportunity to appear in Physical Test/ Document Verification will be given and dossiers will be returned to SSC.

Signed by B.c.srinivas

Date: 22-04-2022 12:03:43

(श्रीनिवास बी.सी. /SRINIVAS B.C.)

संयुक्त सीमा शुल्क आयुक्त/ JOINT COMMISSIONER OF CUSTOMS

स्थापना /ESTABLISHMENT

**ANNEXURE-I**

| S.No. | NAME                           | ROLL NO.   | POST SELECTED FOR  | DATE OF PHYSICAL TEST |
|-------|--------------------------------|------------|--------------------|-----------------------|
| 1     | BHARAT CHANDRA PURNA PARUCHURI | 8008014837 | EXAMINER           | 04.05.2022            |
| 2     | PRASHANT KUMAR                 | 4205031822 | EXAMINER           | 04.05.2022            |
| 3     | YATA RAVI THEJA                | 8006010253 | EXAMINER           | 04.05.2022            |
| 4     | RAVI KUMAR KHATKAR             | 2201231797 | EXAMINER           | 04.05.2022            |
| 5     | I CHAITANYA PANI               | 8601014346 | PREVENTIVE OFFICER | 04.05.2022            |

  
22/4/22  
श्रीनिवास बी.सी. ना.रा.से.  
SRINIVAS B.C. I.A.S.  
संयुक्त आयुक्त  
JOINT COMMISSIONER

**अनुबंध / ANNEXURE - 'B'**  
**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 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 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 संबंधी स्कारफुला का खपत, गठिया, दमा, ज्वर, निर्वी 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<br>Father's age if living and state of health | पिता की मृत्यु के समय की उम्र और मृत का कारण<br>Father's age at death and cause of death | जीवित भाइयों की संख्या, उनकी उम्र और स्वास्थ्य की स्थिति<br>No. of brothers living, their ages & state of health | मृत भाइयों की संख्या, मृत्यु के समय की उम्र और मृत्यु के कारण<br>No. of brothers dead their age at death and cause of death |
|---|--|--|---|
|---|--|--|---|

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

कार्यालय सील / Office Seal

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

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

चिकित्सा प्रमाण पत्र  
MEDICAL CERTIFICATE

मैं इसके द्वारा प्रमाणित करता हूँ कि मैंने ..... विभाग में रोजगार के लिए उम्मीदवार ..... की जांच की है, और ..... को छोड़कर किसी भी (संचारी या अन्यथा) संवैधानिक कमजोरी, या दुर्बलता का खोज नहीं कर सकता, मैं इसको कार्यालय में रोज के लिए एक अयोग्यता नहीं मानता हूँ। उसकी उम्र उसके स्वयं के बयान के अनुसार ..... सा और आकार से करीब ..... साल है।

I hereby certify that, I have examined ..... a candidate employment in the ..... Department, and cannot discover that has disease (communicable or otherwise) constitutional weakness, or infirmity or ..... I do not consider this a disqualification for employment in the office of ..... His /her age is according to his/her own statement ..... years by appearance about ..... years.

दिनांक / Date:

स्थान / Place:

कार्यालय सील / Office Seal

AFFIX PHOTO

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

SIGNATURE OF THE CANDIDATE

**MEDICAL CERTIFICATE TO BE FURNISHED FOR APPOINTMENT TO THE POST OF INSPECTOR**

|                            |  |   |
|----------------------------|--|---|
| Name of the Candidate:     |  | Paste a recent passport size photograph       |
| Roll No.                   |  |   |
| Rank No.                   |  |   |
| Signature of the Candidate |  |   |
| Left Thumb Impression      |  | (Photo to be attested by the Medical Officer) |

**FREE FROM COLOUR BLINDNESS CERTIFICATE**

Certified that I have examined Mr/Ms ----- whose signature is appended above, and certify that his/her colour vision is Normal/Defective (strike of which is not applicable)

|       |  |                                |  |
|-------|--|--------------------------------|--|
|       |  |                                |  |
|       |  | (Signature of Medical Officer) |  |
| Place |  | Name                           |  |
| Date  |  | Reg. No.                       |  |

## CERTIFICATE OF CHARACTER

### (FOR CLASS II SERVICES)

Certified that I have known S/Shri/Smt/Ms .....  
.....Son/ Daughter of Shri/Smt.....  
.....for the last .....Years  
.....Months and that to the best of knowledge and belief he/She bears reputable  
charcter and has no antecedents which render him/her unsuitable for Government  
employment.

2. S/Shri/Smt/Ms.....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)