



Establishment Section
General Commissionerate

NOTE

Subject: Establishment – Chennai Custom House –Recruitment in the Customs Marine
Organization – reg.

Kindly find enclosed Application Form for the post of Seaman (Marine Wing).

It is hereby requested to kindly upload the same in Chennai Customs website.

(एस. श्रीदेवी / S. SRIDEVI)

सहायक सीमा शुल्क आयुक्त/ ASSISTANT COMMISSIONER OF CUSTOMS
स्थापना / ESTABLISHMENT

Encl: as above

File No: S14/90/2021-Estt.

Dated: 28 .04.2022

To

The Asst./Dy. Commissioner of Customs,
EDI, General Commissionerate
Customs House
Chennai-1

7. Phone Number: LANDLINE WITH STD CODE: _____ - _____
MOBILE NUMBER _____

8. E-Mail ADDRESS: _____

9. (a) Date of Birth

	Date	Month	Year
In figures	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(in words)

(b) Age as on closing date of application (31.05.2022).

Years	Months	Days
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

10. Gender Write 1 for Male
Write 2 for Female

11. Nationality

12. Aadhar Number if any.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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13. Educational Qualification from Xth Standard onwards & Experience:

(a) **Essential:**

Sl. No.	Name of Exam/Experience	Year of passing/length service	Certificate issuing Authority	Remarks

(b) Desirable:

Sl. No.	Name of Exam/Experience	Year of passing/length service	Certificate issuing Authority	Remarks

14. Category:

- For Schedule Caste (SC) Write 1
For Schedule Tribe (ST) Write 2
For Other Backward Classes (OBC) Write 3
For Unreserved Community (UR) Write 4
For Economically Weaker Section (EWS) Write 5

15. If you are Ex-Serviceman seeking age relaxation. Write 1
If you are a Central Government Civilian Employee seeking age relaxation Write 2

16. Details of service rendered by Central Government civilian Employee/Ex-Serviceman.

Ministry/Department/Office	Date of Appointment	Length of Service

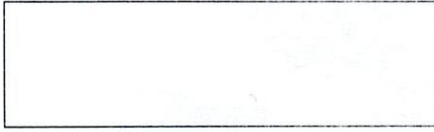
Date of Discharge	Details of last Unit/Corps

17.

(i) I hereby declare that

- (a) I have read all the provisions in the notification carefully and hereby undertake to abide by them
(b) All the statements made in the application are true, complete and correct to the best of my knowledge and belief.
(c) I fulfill all the conditions of eligibility regarding age limits, education qualification, desirability, etc., prescribed in the notification.

(ii) I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after my selection, my appointment is liable to be cancelled.



Left Hand Thumb Impression of Candidate

Place:

***Signature of the Candidate**

Chennai:

*Application without signature and left hand thumb impression of the candidate and application incomplete in any aspect will be rejected.
