



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

फैक्स/Fax No. : 2522 4622

फा.सं./F.No. **II/(3)/APPT/249/2022-ESTT** दिनांक/DATE: **02.12.2022**

To  
The Candidates ( As per the list Enclosed)

Sub.: Establishment – Chennai Custom House – Combined Graduate Level Examination, 2020 to the post of **Inspector (Examiner)** – Intimation of date and venue to conduct the Physical Standards & Test and Document Verification – Reg.

\* \* \* \* \*

I am directed to say that on the basis of results of Combined Graduate Level Examination, 2020, you have been recommended by the Staff Selection Commission for appointment as Inspector (Examiner) in this Custom House, Chennai.

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

	Physical Standards (Minimum)	Physical Test
<b>For Male Candidate</b>	<b>Height:</b> 157.5 cms. <i>(relaxable by 5cms in the case of Garhwalis, Assamees, Gorkhas and members of Scheduled Tribes)</i>	<b>Walking:</b> 1600 meters in 15 minutes
	<b>Chest:</b> 81 cms <i>(fully expanded with minimum expansion of 5 cms)</i>	<b>Cycling:</b> 8 Kms in 30 Minutes
	<b>Height:</b> 152 cms. <b>Weight:</b> 48 Kgs	<b>Walking:</b> 1 Km. in 20 minutes

<b>For Female Candidate</b>	<i>(relaxable by 2.5cms and weight relaxable by 2 Kgs in the case of Garhwalis, Assamees, Gorkhas and members of Scheduled Tribes)</i>	<b>Cycling:</b> 3 Kms in 25 Minutes
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3. In this regard, you are directed to appear for Physical Standards / Test and Document Verification **to be held on 15.12.2022 at 08.00 A.M. without fail at YMCA COLLEGE OF PHYSICAL EDUCATION, 497, ANNA SALAI, NANDANAM, CHENNAI-600035.** You are requested to come with sports shoes and **also arrange bicycle for the Physical Test.**

4. You have to download the Attestation form from [https://ssc.nic.in/Downloads/portal/english/Attation\\_Form.pdf](https://ssc.nic.in/Downloads/portal/english/Attation_Form.pdf) and submit the duly filled **in triplicate** at the time of physical test to the undersigned without fail.

It is hereby informed that you 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 format along with the photocopies.
- d. Original Income and Assets Certificate in case of Economically Weaker Sections in the prescribed format along with photocopies.
- e. Certificate in case of person with disabilities (Divyangjan) candidate.
- f. Identity certificate and Character Certificate duly attested from different Gazetted Officers who have known the candidate for a minimum of two years. (Two Sets)
- g. 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')
- h. 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.
- i. NOC from current employer in case the candidate is employed in any of the offices under the Central Government / State Government.
- j. Discharge Certificate in case of Ex – Servicemen.
- k. Aadhar Card and PAN card.
- l. 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.
- m. 3 Sets of colour photographs of size 5cm x 7cm to be pasted on the Attestation

I/878507/2022

Forms.

5. It is intimated that Physical Test and Document Verification may take 2-3 working days. All the necessary expenses and arrangement regarding boarding and lodging have to be borne by yourself. ***The intimation for Document Verification and Physical/medical tests is issued based on Zonal Allocation published on CBIC website and further process is subject to receipt and verification of dossiers.***

Signed by M Divya

Date: 02-12-2022 16:14:30

Reason: Approved

(एम दिव्या / M.DIVYA)

उपायुक्त सीमा शुल्क / DEPUTY COMMISSIONER OF CUSTOMS

स्थापना / ESTABLISHMENT

Encl: As per the list.

SL.NO.	rollno	name	father_name	mother_name	dob	cat1	cat2	cat3
1	8001003527	CHILUMURI SIVAJI GANESH	CHILUMURI SUBBA RAO	NAGANDLA ANNAPURNAMMA	4/21/1998	6	0	0
2	8003000769	POUNJULA SAI ABHIJEETH	POUNJULA NAGENDRA PRASAD	JEGILETI PADMAJA	11/11/1997	6	0	0
3	8601019808	SHANAGONDA VISHNUVARDHAN	SHANAGONDA SWAMY	SHANAGONDA LAXMI	7/6/1996	6	0	0
4	8604004017	KATAKAM DINESH BABU	KATAKAM RAJESHWAR	KATAKAM SUBHADRA	10/23/1995	9	0	0
5	9001018664	ORAM SARATH SAI REDDY	O HARINATHA REDDY	O SAROJA	8/21/1992	9	0	0
6	8008005430	MORU ARUN KRANTHI	MORU RADHA KRISHNA	MORU SEETA	9/1/1997	6	0	0
7	2201133523	RAJ KAMAL MEENA	HARI SINGH MEENA	RANJANA DEVI	12/10/1996	2	0	0
8	2405002225	UDIT ASWAL	RAKESH KUMAR ASWAL	INDU ASWAL	11/11/1993	1	0	0
9	8201014645	R.JAGADESAN	V.RAJA	R.MANGAMMAL	3/23/1998	6	0	0
10	8201017576	S PRADEEP JOEL	A SOLOMON SELVARAJ	A MARY JOSEPHINE	5/29/2000	6	0	0
11	2201185755	JAIDEEP DALAL	SATBIR SINGH	BALA DEVI	8/26/1997	0	0	0
12	8201020648	ELAVARASAN K	KASILINGAM R	THANGAM K	5/25/1998	6	0	0
13	3206618784	SANJAY KUMAR SINGH	PHULESHWAR SINGH	RADHIKA DEVI	2/28/1994	6	0	0
14	8201019303	KAVYA S	SIVAKUMAR M	BHARATHI J	4/23/1998	6	0	0
15	6006200741	ASHWIN NANDAL	SURENDER NANDAL	BABITA NANDAL	2/4/1998	9	0	0
16	7207706211	TARGE SHUBHAM BALASAHEB	BALASAHEB	GITANJALI	9/24/1994	6	0	0
17	4410074467	ANKUR GHOSH	HARADHAN GHOSH	KAJALI GHOSH	4/11/1996	6	0	0
18	2201129649	HARSH CHAUHAN	VIJAY PAL SINGH CHAUHAN	KRISHNA CHAUHAN	7/17/1997	9	0	0
19	2201038754	RAVISH SIWACH	JAIBIR SINGH SIWACH	DARSHANA DEVI	1/31/1997	0	0	0
20	2201061321	HITESH	MOHANLAL	NIRMALA	6/26/1999	0	0	0

## 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)

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 which (By Birth and / Or by Domicile)	Nationality	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 your 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 Yes/No



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.

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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 :**

## 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 :**

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**TO BE FILLED BY OFFICE**

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

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

Name of the Candidate		
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)

(Seal of the Medical Officer)		Signature of Medical Officer	
		Name	
Place		Reg.No.	
Date			

## 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, चोचक, रुक रुककर होने वाले या किसी अन्य बुखार, गंधियों की वृद्धि या पीप आना, रक्त का थूकना, अस्थमा, हृदय रोग, फेफड़ों की बीमारी, आमवात के आक्रमण से कलजोरी 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 पिछले बार कब टीका लगाया था ?  
When you were last vaccinated?
5. आप या आपके किसी संबंधी स्कारफुला का खपत, गठिया, दमा, क्लिड्स, 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?
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 Father's age if living and state of health	पिता की मृत्यु के समय की उम्र और मौत का कारण Father's age at death and cause of death	जीवित भाइयों की संख्या, उनकी उम्र और स्वास्थ्य की स्थिति No. of brothers living, their ages & state of health	मृत भाइयों की संख्या, मृत्यु के समय की उम्र और मृत्यु के कारण No. of brothers dead their age at death and cause of death
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माता की उम्र, 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, मृत्यु के समय की उम्र और मृत्यु के कारण 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 विश्वासके 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 दावा का अधिकार खो देने का जोखिम उठाना होगा ।

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)

चिकित्सा प्रमाण पत्र  
MEDICAL CERTIFICATE

मैं इसके द्वारा प्रमाणित करता हूँ कि भेजे .....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