

 <p>भारत सरकार / Govt of India वित्त मंत्रालय / Ministry of Finance राजस्व विभाग / Dept of Revenue</p>		 <p>दूरभाष / Tele: 044-25254419 ईमेल/Email: cuschn-estt@gov.in</p>
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प्रधान आयुक्त सीमा शुल्क का कार्यालय (सामान्य)

OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS (GENERAL)

चेन्नै सीमा शुल्क क्षेत्र

CHENNAI CUSTOMS ZONE

सीमा शुल्क भवन, नं.60, राजाजी सालै, चेन्नै 600 001.

CUSTOM HOUSE, NO.60, RAJAJI SALAI, CHENNAI 600 001.

फा.सं./F.No. II/(3)/APPT/100/2023-ESTT दिनांक/DATE:10-05-2023

सूचना /NOTICE

विषय: स्थापना-चेन्नई कस्टमहाउस- संयुक्तस्नातकस्तरीयपरीक्षा, 2021 इंस्पेक्टर (निवारक अधिकारी और परीक्षक) के पद पर- शारीरिक मानक और परीक्षण आयोजित करने के लिए तिथि और स्थान की सूचना) और दस्तावेज सत्यापन – के संबंधमें।

Sub: Establishment – Chennai Custom House – Combined Graduate Level Examination, 2021 to the post of Inspector (Preventive Officer & Examiner) – Intimation of date and venue to conduct the Physical Standards and Test) and Document Verification – Reg.

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मुझे यह कहने का निदेश हुआ है कि संयुक्त स्नातक स्तरीय परीक्षा, 2021 के परिणामों के आधार पर, संलग्नअनुबंध में उल्लिखित उम्मीदवारों को कर्मचारी चयन आयोग द्वारा इस कस्टमहाउस, चेन्नई में निरीक्षक (निवारक अधिकारी और परीक्षक) के रूप में नियुक्ति के लिएअनुशंसित किया गया है।

I am directed to say that on the basis of results of Combined Graduate Level Examination, 2021, Candidates mentioned in the annexure enclosed have been recommended by the Staff Selection Commission for appointment as Inspector (Preventive Officer & Examiner) in this Custom House, Chennai.

2. जी.एस.आर. के अनुसार ११७२(ई).—दिनांक २६.१२.२०१६, सीमा शुल्क के इंस्पेक्टर (निवारक अधिकारी और परीक्षक) के ग्रेड पर नियुक्ति के लिए उम्मीदवारों को नीचे निर्धारित शारीरिक परीक्षण और शारीरिक मानक पास करना आवश्यक है।

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.

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

3. इस संबंध में, उम्मीदवारों को निर्देशित किया जाता है कि वे **24.05.2023** को पूर्वाह्न **07.00** बजे आयोजित होने वाले शारीरिक मानकों / परीक्षा के लिए जवाहरलाल नेहरू स्टेडियम, राजामुथैया रोड, कन्नप्पर थिडल, पेरियामेट, चेन्नई-600003 में बिना किसी असफलता के उपस्थित हों। सभी उम्मीदवारों को खेल के जूते के साथ आने और शारीरिक परीक्षण के लिए साइकिल की व्यवस्था करने का निर्देश दिया जाता है।

3. In this regard, Candidates are directed to appear for Physical Standards / Test **to be held on 24.05.2023 at 07.00 A.M. without fail at Jawaharlal Nehru Stadium, Raja Muthiah Road, kannapparThidal, Periamet, Chennai-600003.** All Candidates are directed to come with sports shoes and also to arrange bicycle for the Physical Test.

4. उम्मीदवार सत्यापन फॉर्म https://ssc.nic.in/Downloads/portal/english/Attestation_Form.pdf से डाउनलोड कर सकते हैं और शारीरिक परीक्षण के समय बिना किसी असफलता के तीन प्रतियों में विधिवत भरे हुए फॉर्म जमा करना है।

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

5. इसके द्वारा यह सूचित किया जाता है कि उम्मीदवारों को दस्तावेज सत्यापन के समय फोटो कॉपी के एक सेट (स्वप्रमाणित) के साथ निम्नलिखित दस्तावेज (मूलरूपमें) प्रस्तुत करने का निर्देश दिया जाता है, जो **24.05.2023 @ 12:00** बजे क्लब हॉल, 5वीं मंजिल, एनेक्स बिल्डिंग, कस्टम हाउस, चेन्नई-600001 में आयोजित किया जाएगा:

5. 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 **to be held on 24.05.2023 @ 12:00 Hrs at Club Hall, 5th Floor, Annex Building, Custom House, Chennai-600001:**

- Matriculation / High School Certificate for the proof of Date of Birth.
- Academic Certificates in support of Educational Qualification.
- Original Caste / Community Certificate in case of SC/ST/OBC in the prescribed format along with the photocopies.

I/1178442/2023

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

6 . यह सूचित किया जाता है कि शारीरिक परीक्षण और दस्तावेज़ सत्यापन में 2-3 कार्य दिवस लग सकते हैं। खाने-पीने और रहने की व्यवस्था का सारा खर्चा उम्मीदवारों को खुद वहन करना होगा। सी.बी.आई.सी. वेबसाइट पर प्रकाशित क्षेत्रीय आवंटन के आधार पर दस्तावेज़ सत्यापन और शारीरिक/चिकित्सा परीक्षण की सूचना जारी की जाती है और आगे की प्रक्रिया डोजियर की प्राप्ति और सत्यापन के अधीन है।

6. 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.**

This is issued with the approval of the Competent Authority.

(सी. रामाप्रसाद रेड्डी/C.RAMA PRASADA REDDY)
सहायक आयुक्त सीमा शुल्क / DEPUTY COMMISSIONER OF CUSTOMS
स्थापना / ESTABLISHMENT

Encl: As per list

Signed by C Rama Prasada Reddy
Date: 10-05-2023 17:15:31
Reason: Approved

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.

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 :

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 II SERVICES)

Certified that I have known S/Shri/Smt/Ms
.....Son/ Daughter of Shri/Smt.....
.....for the lastYears
.....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)

अनुबंध / ANNEXURE – III

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 संलग्न 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 sign the 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 संबंधों स्कारफुला का खपत, गठिया, दमा, फिट्स, 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

(कृपया पृष्ठ पलटिए/ P.T.O.)

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 है ।

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:

सील सहित चिकित्सा अधिकारी का हस्ताक्षर

स्थान / Place:

SIGNATURE OF MEDICAL OFFICER WITH SEAL

कार्यालय सील / Office Seal

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

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

चिकित्सा प्रमाण पत्र
MEDICAL CERTIFICATE

मैं इसके द्वारा प्रमाणित करता हूँ कि मैंनेविभाग में रोजगार के लिए एक उम्मीदवार की जांच की है, और को छोड़कर किसी भी रोग (संचारी या अन्यथा) संवैधानिक कमजोरी, या दुर्बलता का खोज नहीं कर सकता, मैं इसको कार्यालय में रोजगार के लिए एक अयोग्यता नहीं मानता हूँ। उसकी उम्र उसके स्वयं के बयान के अनुसारसाल है और आकार से करीबसाल है।

I hereby certify that, I have examineda candidate for employment in theDepartment, and cannot discover that has any disease (communicable or otherwise) constitutional weakness, or infirmity exceptI do not consider this a disqualification for employment in the office of theHis /her age is according to his/her own statementyears and by appearance aboutyears.

दिनांक / Date:

स्थान / Place:

कार्यालय सील / Office Seal

सील सहित चिकित्सा अधिकारी का हस्ताक्षर

Signature of the Medical Officer with seal

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			