



भारत सरकार / Govt of India  
वित्त मंत्रालय / Ministry of Finance  
राजस्व विभाग / Dept of Revenue



दूरभाष / Telephone: 25268925  
फैक्स / Fax : 25222548  
ईमेल/Email : [cuschn-estt@gov.in](mailto:cuschn-estt@gov.in)

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/207/2023-ESTT

दिनांक/DATE: 01.09.2023

To

The Candidates of SSC CGLE-2022 (As per the Enclosed list)

Sub.: Establishment – Chennai Custom House – Combined Graduate Level Examination, 2022 to the post of Inspector (Preventive Officer& Examiner) – Intimation of date and venue to conduct the Physical Standards & Test and Document Verification – Reg.

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I am directed to say that on the basis of results of Combined Graduate Level Examination, 2022, you 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, you are required to pass physical test and possess physical standard as prescribed below, for appointment to the grade of Inspector (Preventive Officer) 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>For Female Candidate</b>	<b>Height:</b> 152 cms. <b>Weight:</b> 48 Kgs <i>(relaxable by 2.5cms and weight relaxable by 2 Kgs in the case of Garhwalis, Assamees, Gorkhas Tribes and members of Scheduled Tribes)</i>	<b>Walking:</b> 1 Km. in 20 minutes
		<b>Cycling:</b> 3 Kms in 25 Minutes

3. In this regard, you are directed to appear for Physical Standards / Test **to be held on 12.09.2023 (Tuesday) at 07.00 A.M. without fail at University Union Grounds, Spur Tank Road, Chetpet, Chennai-600031 followed by Document verification at Club Hall, 5<sup>th</sup> Floor, Annex Building, Custom House, Chennai-600001.** You are requested to come with sports shoes for the Physical Test.

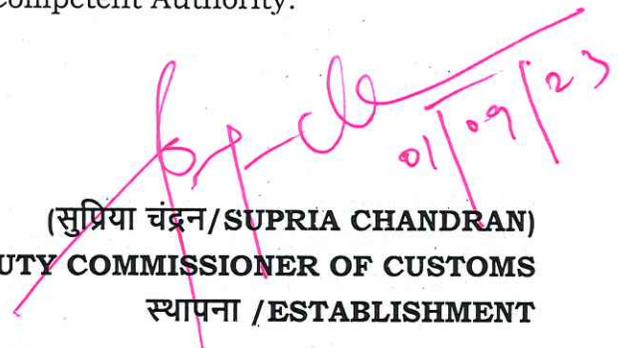
4. You have to download the Attestation form from [https://ssc.nic.in/Downloads/portal/english/Attestation\\_Form.pdf](https://ssc.nic.in/Downloads/portal/english/Attestation_Form.pdf) and submit the duly filled **in triplicate** at the time of physical test to the undersigned without fail.

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 duly attested from three different Gazetted Officers who have known the candidate for a minimum of two years .(Two sets)
- 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. The CMO's concerned are also requested to take up the medical examination of the candidates concern on the strength of this letter. In case, any other authority letter is required by the office of medical authority concern, the undersigned may be contacted through email [cuschn-estt@gov.in](mailto:cuschn-estt@gov.in)
- 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.

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 verification of dossiers by CCA.*

This is issued with the approval of the Competent Authority.

  
(सुप्रिया चंद्रन/SUPRIA CHANDRAN)  
उपायुक्त सीमा शुल्क / DEPUTY COMMISSIONER OF CUSTOMS  
स्थापना / ESTABLISHMENT

Encl: As above;

## ANNEXURE

To letter issued in F.NoII/(3)/APPT/207/2023-ESTT dated 01.09.2023

<b>List of Preventive Officers allocated to Chennai Customs Zone through SSC-CGLE-2022</b>			
<b>Sl.NO</b>	<b>Name of the Candidate</b>	<b>Roll No</b>	<b>Date of Birth</b>
1	PALLA SANDEEP SIMHA	8007030664	07-10-1998
2	UTKARSH SRIVASTAVA	2405077470	06-05-2000
3	AMIT SHARMA	2201326812	07-08-1993
4	SENDHI ABBAS KHOZEMBHAI	7007001162	20-01-1996
5	KARAN BHATI	2404017536	10-04-2000
6	MEESALA BHARATH YADAV	2201088618	24-02-1995
7	DANABALA NAVEEN SRINIVAS	8007015116	20-08-1999
8	DASARI ARUN	9010009819	05-03-1993
9	BHOGADI SAIDEPAK	8008020433	17-11-1993
10	M V SHUBHKAR	8601028898	01-07-1999
11	VIVEK RAWAT	4410065006	06-09-1994
12	BHUVNESH SHARMA	2201252775	01-08-1995
13	VISHAL SHARMA	2201080884	16-02-2000
14	GOVINDAREDDY RAHUL REDDY	8010000257	19-07-1999
15	ABHISHEK RATHI	2209002277	20-01-2001
16	KADUMURI HARI PRASAD RAJU	8601059355	09-07-1999
17	VICKY RAJ	3206045961	12-06-1993
18	MANISH KUMAR	4207000740	15-01-1996
19	PIYUSH PANDEY	2209000268	12-03-2001
20	DEEPANKAR SHAHI	3013018607	17-08-1997
21	ABHISHEK SHARMA	2201127650	08-07-1996
22	SHIVAM KUMAR	8204011820	08-03-1994
23	PADMA PRIYA G	8201012551	22-10-1995

## 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



## 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.

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)

## 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 मैंने .....विभाग 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 अनुसार .....साल है और आकार से करीब .....साल है।

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

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			