



प्रधान आयुक्त सीमाशुल्क (सामान्य) का कार्यालय
OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS (GENERAL)
नवीन सीमाशुल्क भवन, बेलार्ड इस्टेट, मुंबई - ४००००१
NEW CUSTOMS HOUSE, BALLARD ESTATE, MUMBAI-400001
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File No.: II/(3)/APPT/1/2024-P and E

Date:19-02-2024

CIRCULAR No. 18/2024

Subject: - Fixing of dates of document verification and medical examination of selected candidates recommended by the Staff Selection Commission (SSC) for the post of Executive Assistant (EA) in Mumbai Customs on the basis of the result of the Combined Graduate Level Examination 2023 -reg.

Kind attention is invited to the letter dated 18.12.2023 issued vide **File No. A-12025/2/2023-Ad-IIIB Section-CBEC** by Central Board of Indirect Taxes and Customs (CBIC), New Delhi, whereby candidates have been allocated Zones in the grade of Executive Assistant on the basis of result of the Combined Graduate Level Examination 2023 conducted by the Staff Selection Commission (SSC).

2. The schedule for document verification and Medical Examination in respect of **remaining 12 candidates (09 Male & 03 Female)**, who have been allocated to Mumbai Customs in the grade of Executive Assistant, has been fixed and enclosed herewith as **Annexure-I and Annexure -II**.

3. The candidates are required to report to the Personnel and Establishment Section, 2nd floor, New Custom House, Ballard Estate, Mumbai - 400001 at **11:00 AM** for document verification as per scheduled dates.

4. The candidates are required to report to the Superintendent, Medical Examination Cell, JJ Hospital, JJ Hospital Road, Noor Baug, Nagpada, Mumbai Central, Mumbai - 400008 and at Lokmanya Tilak Municipal General Hospital and Medical College, (Sion Hospital Mumbai), RB2 Central Railway Quarters, Jain Society, Sion, Mumbai, Maharashtra 400022 at **08:30 AM** with medical statement, declaration and recent photographs for the medical examination on their respective dates as per schedule. Candidates are informed that the process of **Medical Examination may take more than three days** and are advised to plan accordingly.

5. **The candidates should bring the following documents (in original) along with a self-attested photocopy of each (four sets) at the time of document verification for**

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record in his/her dossier.

- I. Attestation Form (11 pages) duly filled up in quadruplicate (four sets) (all in original with recent photograph) (format enclosed). **Annexure-III** and Document Verification Proforma **Annexure-IV**.
- II. Candidate's Medical Statement and Declaration (02 pages). Format enclosed. (**Annexure-V**), **Medical Certificate of Fitness of First Entry into Government Service (Male/Female) (Annexure-VI)**
- III. Proof of Age (Mark Sheet(s) and Board certificate(s) of Matriculation or High School/equivalent certificate issued by the State/Central Education Board showing Date of Birth.
- IV. Mark sheet and Passing Certificate of Matriculation/High School (10th) and Higher Secondary (12th).
- V. **For Essential Qualification:** Graduation Degree Certificate and Mark Sheets of all three years of Degree Course as proof of having acquired it on or before i.e., 01.08.2023 (candidates who have appeared in their final year of their graduation must possess Essential qualification on or before the cut-off date i.e.01-08-2023) failing which the certificates will not be accepted as valid proof of possessing the requisite EQ).
- VI. Photo bearing Identity Card (PAN Card and Aadhar card).
- VII. Domicile Certificate of permanent address.
- VIII. If a candidate belongs to the EWS/ SC/ST/OBC/PwD (Divyangjan)/ESM category, a valid original caste/community certificate in case of OBC/SC/ST or required certificate to claim EWS/PwD (Divyangjan)/ESM benefit issued in the prescribed form by the competent authority in this regard (four copies). **Photograph of the applicant is an integral part of the certificate.** Crucial date for claim of EWS/SC/ST/OBC status will be closing date for receipt of online applications i.e. **03.05.2023**. Prescribed format for SC/ST certificate as per Annexure-X. Prescribed format for OBC certificate as per Annexure-XI. Serving defense personnel certificate as per annexure-VIII, if applicable.
- IX. **In case of EWS candidate, it must be ensured that he/she possesses the Income & Assest Certificate valid for the year 2023-2024 and issued on the basis of Income for the financial year 2022-23 (01.04.2022 – 31.03.2023) in accordance with the DoP&T OM No. 36039/1/2019-Estt(Res) dated 31.01.2019.** It should clearly certify that the caste of the candidate is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List). It should be in strict conformity with **Annexure-XII of the notice.)**
- X. A candidate seeking appointment on the basis of reservation to **OBC** must ensure that he/she possesses the caste/community certificate and does not fall in creamy layer on the crucial date. The crucial date for this purpose will be the closing date for receipt of application i.e. on 03.05.2023. It should contain the details of Government of India Resolution Number and Date by which the Community has been included in the Central

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lists.)

- XI. Relevant Certificate if seeking any age relaxation, certificate as per Annexure-VII by the Central Government Civilian Employees.
- XII. For Ex-Servicemen (ESM) Service Leaving Certificate/Discharge book of Ex-servicemen category (if applicable). Ex Servicemen should have been discharged on or before 03.05.2023.
 - i. Undertaking as per Annexure-IX
 - ii. Discharged Certificate, If Discharged from the Armed Forces.
- XIII. Any matriculate ESM Candidate who claims deemed graduate status as 01.08.2023 should produce Indian Army Special Certificate of education or corresponding certificate in the Navy or the Air Force on completion of 15 years in Armed Forces
- XIV. Certificate in case of Person with disabilities (Divyangjan) candidate, if applicable. (Candidates with **permanent physical disability of 40% and more only** would be considered as Physically Handicapped or \Person with Disability (Divyangjan) for the purpose of reservation for PH/PwD only on production of valid disability certificate.). Format for Certificate of Disability **Annexure-XIII to Annexure-XV**.
- XV. Discharge Certificate/ NOC to attend DV from previous employer in case the candidate is employed in any of the offices under the Central Government/State Government, Autonomous Body, and Public Sector Undertaking presently. The certificate should be obtained with reference to this circular.
- XVI. If a candidate is a Central/State Government employee, he/she may produce this letter to his/her controlling authority to enable them to provide his/her medical examination report, along with police verification report, vigilance clearance, no objection certificate and character certificate (original/attested copy) obtained at the time of his/her appointment and bring all these documents through proper channel (with forwarding letter) at the time of Document Verification.
- XVII. 5 recent passport-size photographs.
 6. If you do not produce any of the above mentioned requisite Documents in original (along with self-attested copy), you will not be admitted for the Documents Verification and no further opportunity will be given.
 7. The Date and venue of verification and medical examination is final. In the event of your not reporting on the scheduled date, it shall be presumed that you are not interested in joining the department, and your nomination shall be treated as cancelled. Any request for a change of dates or venue shall not be entertained.
 8. Candidates may also note that in respect of the above, their candidature will remain provisional till the veracity of the concerned documents is verified by the appointing authority.
 9. If, at any stage, it is found that you do not fulfill any of the conditions of eligibility, your candidature will be cancelled without any notice.

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10. It is important for candidates to know that they will not receive any travel, boarding, lodging, or other expenses from the department for attending document verification and medical examination.

11. **It is also mentioned here that, this is your second chance (Final) for completing pre-appointment formalities** and in the event of not reporting on the scheduled date, it shall be presumed that you are not interested in accepting the offer of appointment in the department and your nomination shall be treated as cancelled and **dossiers will be returned to the concerned SSC office without any intimation to concerned candidate**. The request for any change of date or extension shall not be entertained.

Yours faithfully,

Signed by Harish
Ramakrishna Rao
Date: 19-02-2024 12:10:49
Reason: Approved

(HARISH R RAO)
DEPUTY COMMISSIONER OF CUSTOMS,
Personnel & Establishment Section
New Customs House, MUMBAI-I

Encl: Annexures as above.

Copy to:

1. The AC/DC, EDI Section, NCH, Mumbai Customs Zone-I to upload on website.
2. Concerned Candidates through E-mail.

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ANNEXURE-I

S. No.	Record No.	Name of the candidate (Mr.)	Roll No.	Rank	Gender	Date of Document Verification	Date of Medical Examination	Hospital
1.	15.	GOURAV BANIK	4410003897	3033	MALE	23.02.2024	26.02.2024	SION Hospital
2.	21.	PRATEEK PATHAK	2201224387	3127	MALE	23.02.2024	26.02.2024	SION Hospital
3.	30.	NITIN KUMAR	2201163045	3376	MALE	23.02.2024	26.02.2024	SION Hospital
4.	41.	DHARMENDR LODH	6007008690	3820	MALE	23.02.2024	26.02.2024	SION Hospital
5.	64.	NEETISH KUMAR	3009085396	4196	MALE	23.02.2024	26.02.2024	SION Hospital
6.	68.	ASIM BISWAS	9001012208	6456	MALE	23.02.2024	26.02.2024	SION Hospital
7.	68.	AJAY KUMAR	2201302862	6651	MALE	23.02.2024	26.02.2024	SION Hospital
8.	66.	SANJIT SINGH	9001000003	6280	MALE	23.02.2024	26.02.2024	SION Hospital
9.	79.	GOURAB DAS	4610004016	6631	MALE	23.02.2024	26.02.2024	SION Hospital

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ANNEXURE-II

S. No.	Record No.	Name of the candidate (Mr/Ms./Smt)	Roll No.	Rank	Gender	Date of Document Verification	Date of Medical Examination	Hospital
1.	19.	SHIKHA CHATURVEDI	3003071718	3100	FEMALE	23.02.2024	26.02.2024	JJ. Hospital
2.	27.	SHREYA	2201000123	3210	FEMALE	23.02.2024	26.02.2024	JJ. Hospital
3.	68.	VANDNA CHOUDHRY	7208000157	6447	FEMALE	23.02.2024	26.02.2024	JJ. Hospital

FORM OF CERTIFICATE TO BE SUBMITTED BY CENTRAL
GOVERNMENT CIVILIAN EMPLOYEES SEEKING AGE-RELAXATION

(To be filled by the Head of the Office or Department in which the candidate is working).

It is certified that *Shri/Smt./Km. _____ is a Central
Government Civilian employee holding the post of
_____ in the pay scale of Rs. _____
with 3 years regular service in the grade as on closing date of receipt of
Applications Forms for _____ (name of examination).

Signature _____

Name _____

Official Seal _____

Place:

Date:

(*Please delete the words which are not applicable.)

Certificate for serving Defence Personnel

I hereby certify that, according to the information available with me (No.)
_____ (Rank) _____ (Name)
_____ is due to complete the specified term of his engagement with the
Armed Forces on the (Date) _____.

(Signature of Commanding Officer)

Office Seal

Place:

Date:

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

I,bearing Roll No.....,appearing for the
Document Verification of theExamination,
20....., do hereby undertake that:

- (a) I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen Re-employment in Central Civil Services and Posts Rules, 1979, as amended from time to time.
- (b) I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) in Group 'C' and 'D' posts on regular basis after availing of the benefits of reservation given to ex-serviceman for re-employment; or
- (c) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined ason..... in the office of I hereby undertake that I have submitted the self-declaration/ undertaking to my current employer about date wise detail of the application for the above mentioned examination for which I had applied for before joining the present civil employment; or
- (d) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined ason..... in the office of Therefore, I am eligible for age-relaxation only;

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature:

Name:

Roll Number:

Date:

Date of appointment in Armed Forces:

Date of Discharge:

Last Unit/ Corps:

Mobile Number:

Email ID:

FORMAT FOR SC/ ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his/ her claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India)

This is to certify that Shri/Shrimati/Kumari* _____ son/daughter of
_____ of village/town* _____ in
District/Division * _____ of the State/Union Territory* _____

belongs to the Caste/Tribes _____ which is recognized as a Scheduled
Castes/Scheduled Tribes* under:-

The Constitution (Scheduled Castes) order, 1950 _____
The Constitution (Scheduled Tribes) order, 1950 _____
The Constitution (Scheduled Castes) Union Territories order, 1951 * _____
The Constitution (Scheduled Tribes) Union Territories Order, 1951* _____

As amended by the Scheduled Castes and Scheduled Tribes Lists(Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area(Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956 _____
The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes order (Amendment Act), 1976*.
The Constitution (Dadra and Nagar Haveli) Scheduled Castes order 1962.
The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962@.
The Constitution (Pondicherry) Scheduled Castes Order 1964@
The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @
The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@
The Constitution (Goa, Daman & Diu) Scheduled Tribes Order 1968 @
The Constitution (Nagaland) Scheduled Tribes Order, 1970 @
The Constitution (Sikkim) Scheduled Castes Order 1978@
The Constitution (Sikkim) Scheduled Tribes Order 1978@
The Constitution (Jammu & Kashmir) Scheduled Tribes Order 1989@
The Constitution (SC) orders (Amendment) Act, 1990@
The Constitution (ST) orders (Amendment) Ordinance 1991@
The Constitution (ST) orders (Second Amendment) Act, 1991@
The Constitution (ST) orders (Amendment) Ordinance 1996@
The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act 2002@
The Constitution (Scheduled Caste) Orders(Amendment) Act 2002@

The Constitution(Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act 2002@

The Constitution (Scheduled Caste) Order (Amendment) Act 2007@

%2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes certificate issued to Shri/Shrimati _____ Father/mother of Shri/Shrimati/Kumari* _____ of village/town* _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the _____ Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the _____ dated _____.

%3. Shri/Shrimati/Kumari and /or * his/her family ordinarily reside(s) in village/town* _____ of _____ District/Division* _____ of the State/Union Territory of _____

Signature _____

** Designation _____

(with seal of office)

Place _____

Date _____

* Please delete the words which are not applicable

@ Please quote specific presidential order

% Delete the paragraph which is not applicable.

NOTE: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

** **List of authorities empowered to issue Caste/Tribe Certificates:**

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

**(FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)**

This is to certify that Shri/Smt./Kumari _____ son/daughter of
_____ of village/town _____

in District/Division _____ in the State/Union Territory
_____ belongs to the _____ Community which is
recognized as a backward class under the Government of India, Ministry of Social Justice and
Empowerment's Resolution No. _____ dated _____*.

Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in the
_____ District/Division of the _____ State/Union
Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer)
mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel &
Training O.M. No. 36012/22/93-Estt (SCT) dated 8.9.1993**.

District Magistrate: _____

Deputy Commissioner etc.: _____

Dated: _____

Seal: _____

* The authority issuing the certificate may have to mention the details of Resolution of Government
of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of the
Representation of the People Act, 1950.

Government of

(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY
WEAKER SECTIONS**

Certificate No. _____

Date _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of
_____ permanent resident of _____,
Village/Street _____ PostOffice _____ District _____ in
the State/ Union Territory _____ PinCode _____ whose photograph is
attested below belongs to Economically Weaker Sections, since the gross annual income* of his/
her 'family'** is below Rs. 8 Lakh (Rupees Eight Lakh only) for the financial year _____
His/ her family does not own or possess any of the following assets *** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste
which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes
(Central List).

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of the
applicant

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession etc.

** Note 2: The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/ her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Form-V
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph

(Showing face only) of the
person with disability.

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt./Kum.

_____ son/wife/daughter of Shri _____ Date of
Birth (DD/MM/YY) _____ Age _____ years, male/female _____
registration No. _____ permanent resident of House No. _____
Ward/Village/Street _____ Post Office _____ District
_____ State _____, whose photograph is affixed above, and am satisfied
that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(C) he/she has _____ % (in figure) _____ percent (in words)
permanent locomotor disability/dwarfism/blindness in relation to his/her _____ (part of
body) as per guidelines (.....number and date of issue of the guidelines to be
specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
--------------------	---------------	---

(Signature and Seal of Authorised Signatory of
notified Medical Authority)

Signature/thumb impression of the person
in whose favour certificate of disability is issued

Form - VI
Certificate of Disability
(In cases of multiple disabilities)
[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested
photograph

(Showing face only) of the
person with disability.

Certificate No. _____

Date: _____

This is to certify that we have carefully examined Shri/Smt./Kum.

_____ son/wife/daughter of Shri
_____ Date of Birth (DD/MM/YY) _____

Age _____ years, male/female _____.

Registration No. _____ permanent resident of House No. _____
Ward/Village/Street _____ Post Office _____ District _____ State
_____, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		

- | | |
|-------------------------------------|---|
| 9. Deaf | £ |
| 10. Hard of Hearing | £ |
| 11. Speech and Language disability | |
| 12. Intellectual Disability | |
| 13. Specific Learning Disability | |
| 14. Autism Spectrum Disorder | |
| 15. Mental illness | |
| 16. Chronic Neurological Conditions | |
| 17. Multiple sclerosis | |
| 18. Parkinson's disease | |
| 19. Haemophilia | |
| 20. Thalassaemia | |
| 21. Sickle Cell disease | |

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows:

In figures: - ----- percent

In words:- ----- percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

or

(ii) is recommended/after years months, and therefore this certificate shall be valid till ---- ---- ----

(DD) (MM) (YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of document

Date of issue

Details of authority issuing
certificate

5. Signature and seal of the Medical Authority.

Name and Seal of Member

Name and Seal of Member

Name and Seal of the
Chairperson

Signature/thumb impression of the person in
whose favour certificate of disability is issued.

Form – VII
 Certificate of Disability
 (In cases other than those mentioned in Forms V and VI)
 (Name and Address of the Medical Authority issuing the Certificate)
 (See rule 18(1))

Recent passport size
 attested photograph
 (Showing face only) of the
 person with disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined

Shri/Smt./Kum. _____ son/wife/daughter of
 Shri _____ Date of Birth (DD/MM/YY) _____
 _____ Age _____ years, male/female _____ Registration No. _____
 _____ permanent resident of House No. _____ Ward/Village/Street
 _____ Post Office _____ District _____
 State _____, whose photograph is affixed above, and am satisfied that
 he/she is a case of _____ disability. His/her extent of
 percentage physical impairment/disability has been evaluated as per guidelines
 (.....number and date of issue of the guidelines to be specified) and is shown against the
 relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			

10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of document	Date of issue	Details of authority issuing certificate

(Authorized Signatory of notified Medical Authority)

(Name and Seal)

Countersigned
{Countersignature and seal of the
Chief Medical Officer/Medical Superintendent/
Head of Government Hospital, in case the
Certificate is issued by a medical authority who is
not a Government servant (with seal)}

Signature/thumb impression of the person in
whose favour certificate of disability is issued

Note: In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District



प्रधान आयुक्त सीमाशुल्क (सामान्य) का कार्यालय
OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS (GENERAL)
नवीन सीमाशुल्क भवन, बेलार्ड इस्टेट, मुंबई - ४००००१
NEW CUSTOMS HOUSE, BALLARD ESTATE, MUMBAI-400001
संपर्क/Telephone-022-22757736/7737
ई-मेल/e-mail: p.estt-mum-cus-zone1@gov.in

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2. The schedule for document verification and Medical Examination in respect of **remaining 12 candidates (09 Male & 03 Female)**, who have been allocated to Mumbai Customs in the grade of Executive Assistant, has been fixed and enclosed herewith as **Annexure-I and Annexure -II**.

3. The candidates are required to report to the Personnel and Establishment Section, 2nd floor, New Custom House, Ballard Estate, Mumbai - 400001 at **11:00 AM** for document verification as per scheduled dates.

4. The candidates are required to report to the Superintendent, Medical Examination Cell, JJ Hospital, JJ Hospital Road, Noor Baug, Nagpada, Mumbai Central, Mumbai - 400008 and at Lokmanya Tilak Municipal General Hospital and Medical College, (Sion Hospital Mumbai), RB2 Central Railway Quarters, Jain Society, Sion, Mumbai, Maharashtra 400022 at **08:30 AM** with medical statement, declaration and recent photographs for the medical examination on their respective dates as per schedule. Candidates are informed that the process of **Medical Examination may take more than three days** and are advised to plan accordingly.

5. **The candidates should bring the following documents (in original) along with a self-attested photocopy of each (four sets) at the time of document verification for**

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record in his/her dossier.

- I. Attestation Form (11 pages) duly filled up in quadruplicate (four sets) (all in original with recent photograph) (format enclosed). **Annexure-III** and Document Verification Proforma **Annexure-IV**.
- II. Candidate's Medical Statement and Declaration (02 pages). Format enclosed. (**Annexure-V**), **Medical Certificate of Fitness of First Entry into Government Service (Male/Female) (Annexure-VI)**
- III. Proof of Age (Mark Sheet(s) and Board certificate(s) of Matriculation or High School/equivalent certificate issued by the State/Central Education Board showing Date of Birth.
- IV. Mark sheet and Passing Certificate of Matriculation/High School (10th) and Higher Secondary (12th).
- V. **For Essential Qualification:** Graduation Degree Certificate and Mark Sheets of all three years of Degree Course as proof of having acquired it on or before i.e., 01.08.2023 (candidates who have appeared in their final year of their graduation must possess Essential qualification on or before the cut-off date i.e.01-08-2023) failing which the certificates will not be accepted as valid proof of possessing the requisite EQ).
- VI. Photo bearing Identity Card (PAN Card and Aadhar card).
- VII. Domicile Certificate of permanent address.
- VIII. If a candidate belongs to the EWS/ SC/ST/OBC/PwD (Divyangjan)/ESM category, a valid original caste/community certificate in case of OBC/SC/ST or required certificate to claim EWS/PwD (Divyangjan)/ESM benefit issued in the prescribed form by the competent authority in this regard (four copies). **Photograph of the applicant is an integral part of the certificate.** Crucial date for claim of EWS/SC/ST/OBC status will be closing date for receipt of online applications i.e. **03.05.2023**. Prescribed format for SC/ST certificate as per Annexure-X. Prescribed format for OBC certificate as per Annexure-XI. Serving defense personnel certificate as per annexure-VIII, if applicable.
- IX. **In case of EWS candidate, it must be ensured that he/she possesses the Income & Assest Certificate valid for the year 2023-2024 and issued on the basis of Income for the financial year 2022-23 (01.04.2022 – 31.03.2023) in accordance with the DoP&T OM No. 36039/1/2019-Estt(Res) dated 31.01.2019.** It should clearly certify that the caste of the candidate is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List). It should be in strict conformity with **Annexure-XII of the notice.)**
- X. A candidate seeking appointment on the basis of reservation to **OBC** must ensure that he/she possesses the caste/community certificate and does not fall in creamy layer on the crucial date. The crucial date for this purpose will be the closing date for receipt of application i.e. on 03.05.2023. It should contain the details of Government of India Resolution Number and Date by which the Community has been included in the Central

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lists.)

- XI. Relevant Certificate if seeking any age relaxation, certificate as per Annexure-VII by the Central Government Civilian Employees.
- XII. For Ex-Servicemen (ESM) Service Leaving Certificate/Discharge book of Ex-servicemen category (if applicable). Ex Servicemen should have been discharged on or before 03.05.2023.
 - i. Undertaking as per Annexure-IX
 - ii. Discharged Certificate, If Discharged from the Armed Forces.
- XIII. Any matriculate ESM Candidate who claims deemed graduate status as 01.08.2023 should produce Indian Army Special Certificate of education or corresponding certificate in the Navy or the Air Force on completion of 15 years in Armed Forces
- XIV. Certificate in case of Person with disabilities (Divyangjan) candidate, if applicable. (Candidates with **permanent physical disability of 40% and more only** would be considered as Physically Handicapped or \Person with Disability (Divyangjan) for the purpose of reservation for PH/PwD only on production of valid disability certificate.). Format for Certificate of Disability **Annexure-XIII to Annexure-XV**.
- XV. Discharge Certificate/ NOC to attend DV from previous employer in case the candidate is employed in any of the offices under the Central Government/State Government, Autonomous Body, and Public Sector Undertaking presently. The certificate should be obtained with reference to this circular.
- XVI. If a candidate is a Central/State Government employee, he/she may produce this letter to his/her controlling authority to enable them to provide his/her medical examination report, along with police verification report, vigilance clearance, no objection certificate and character certificate (original/attested copy) obtained at the time of his/her appointment and bring all these documents through proper channel (with forwarding letter) at the time of Document Verification.
- XVII. 5 recent passport-size photographs.
 6. If you do not produce any of the above mentioned requisite Documents in original (along with self-attested copy), you will not be admitted for the Documents Verification and no further opportunity will be given.
 7. The Date and venue of verification and medical examination is final. In the event of your not reporting on the scheduled date, it shall be presumed that you are not interested in joining the department, and your nomination shall be treated as cancelled. Any request for a change of dates or venue shall not be entertained.
 8. Candidates may also note that in respect of the above, their candidature will remain provisional till the veracity of the concerned documents is verified by the appointing authority.
 9. If, at any stage, it is found that you do not fulfill any of the conditions of eligibility, your candidature will be cancelled without any notice.

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10. It is important for candidates to know that they will not receive any travel, boarding, lodging, or other expenses from the department for attending document verification and medical examination.

11. **It is also mentioned here that, this is your second chance (Final) for completing pre-appointment formalities** and in the event of not reporting on the scheduled date, it shall be presumed that you are not interested in accepting the offer of appointment in the department and your nomination shall be treated as cancelled and **dossiers will be returned to the concerned SSC office without any intimation to concerned candidate**. The request for any change of date or extension shall not be entertained.

Yours faithfully,

Signed by Harish
Ramakrishna Rao
Date: 19-02-2024 12:10:49
Reason: Approved

(HARISH R RAO)
DEPUTY COMMISSIONER OF CUSTOMS,
Personnel & Establishment Section
New Customs House, MUMBAI-I

Encl: Annexures as above.

Copy to:

1. The AC/DC, EDI Section, NCH, Mumbai Customs Zone-I to upload on website.
2. Concerned Candidates through E-mail.

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ANNEXURE-I

S. No.	Record No.	Name of the candidate (Mr.)	Roll No.	Rank	Gender	Date of Document Verification	Date of Medical Examination	Hospital
1.	15.	GOURAV BANIK	4410003897	3033	MALE	23.02.2024	26.02.2024	SION Hospital
2.	21.	PRATEEK PATHAK	2201224387	3127	MALE	23.02.2024	26.02.2024	SION Hospital
3.	30.	NITIN KUMAR	2201163045	3376	MALE	23.02.2024	26.02.2024	SION Hospital
4.	41.	DHARMENDR LODH	6007008690	3820	MALE	23.02.2024	26.02.2024	SION Hospital
5.	64.	NEETISH KUMAR	3009085396	4196	MALE	23.02.2024	26.02.2024	SION Hospital
6.	68.	ASIM BISWAS	9001012208	6456	MALE	23.02.2024	26.02.2024	SION Hospital
7.	68.	AJAY KUMAR	2201302862	6651	MALE	23.02.2024	26.02.2024	SION Hospital
8.	66.	SANJIT SINGH	9001000003	6280	MALE	23.02.2024	26.02.2024	SION Hospital
9.	79.	GOURAB DAS	4610004016	6631	MALE	23.02.2024	26.02.2024	SION Hospital

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ANNEXURE-II

S. No.	Record No.	Name of the candidate (Mr/Ms./Smt)	Roll No.	Rank	Gender	Date of Document Verification	Date of Medical Examination	Hospital
1.	19.	SHIKHA CHATURVEDI	3003071718	3100	FEMALE	23.02.2024	26.02.2024	JJ. Hospital
2.	27.	SHREYA	2201000123	3210	FEMALE	23.02.2024	26.02.2024	JJ. Hospital
3.	68.	VANDNA CHOUDHRY	7208000157	6447	FEMALE	23.02.2024	26.02.2024	JJ. Hospital