



प्रधानआयुक्तसीमाशुल्क (सामान्य) कार्यालय
OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS
(GENERAL)
नवीनसीमाशुल्कभवन, बेलार्डइस्टेट, मुंबई-400001
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F. No. S/5-08/APPT/2023/ P&E Estt.

Date: 29.08.2023

CIRCULAR No. 70 / 2023

Subject: - Fixing of dates for document verification and medical examination of selected candidates recommended by the Staff Selection Commission (SSC) for the post of Tax Assistant(TA) in Mumbai Customs on the basis of the result of the Combined Graduate Level Examination 2022 -reg.

Kind attention is invited to the letter dated 08.08.2023 issued vide F. No. A.12034/SSC/07/2022-Ad.III (B) by Central Board of Indirect Taxes and Customs (CBIC), New Delhi, whereby candidates have been allocated Zones in the grade of Tax Assistant on the basis of results of the Combined Graduate Level Examination 2022 conducted by the Staff Selection Commission (SSC).

2. The schedule for document verification and Medical Examination in respect of **108 candidates**, who have been allocated to Mumbai Customs in the grade of Tax 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, 8th floor, New Custom House, Ballard Estate, Mumbai – 400 001 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, Noor Baug, Nagpada, Mumbai Central, Mumbai – 400 008 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 record in his/her dossier.**

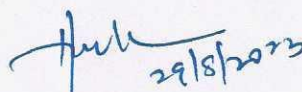
- I. Attestation Form (11 pages) duly filled up in quadruplicate (four sets) (all in original with recent photograph) (format enclosed) **Annexure-III** and Document Verification Proforma **Annexure-IV**.
- II. Candidate's Medical Statement and Declaration (02 pages). Format enclosed (**Annexure V**). **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:** Bachelor's Degree/Provisional Certificate and Mark Sheets of all three years of Degree Course as proof of having acquired it on or before i.e., 08.10.2022 (candidates who have appeared in their final year of their graduation must possess Essential qualification on or before the cut-off date i.e.08-10-2022.) 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/ESM** category, a valid caste certificate issued in the Central Government format by the competent authority in this regard (four copies). Crucial date for claim of EWS/SC/ST/OBC status will be closing date for receipt of online applications i.e. **08.10.2022**. Format for SC/ST Certificate **Annexure-X**. Format for OBC Certificate **Annexure-XI**. Serving Defence Personnel Certificate as per **Annexure-VIII**, If applicable.
- IX. **EWS certificate should be valid for the year 2022-2023 and issued after taking into account the income of FY 2021-2022 (01.04.2021 – 31.03.2022)**. 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 **08.10.2022**. It should contain the details of Government of India Resolution Number and Date by which the Community has been included in the Central 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)
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 on 08.10.2022 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 of Physical Disability, if applicable. (Candidates with **permanent physical disability of 40% and more only** would be considered as Physically Handicapped or \Person with Disability for the purpose of reservation for PH/PWD only on production of valid disability certificate.) Format form for Certificate of Disability **Annexure-XIII to Annexure-XV**.
- XV. No Objection Certificate, in case already employed in Government/Government undertakings.

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- 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 at the time of Document Verification.
- XVII. 5 recent passport-size coloured 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 fulfil any of the conditions of eligibility, your candidature will be cancelled.
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.

Yours faithfully,

 29/8/2023

(HARISH R. RAO)
ASSISTANT COMMISSIONER OF CUSTOMS,
Personnel & Establishment Section
New Custom House, MUMBAI-I

Enclosure: Annexures as above.

Copy to:

1. The AC/DC, EDI Section, NCH, Mumbai Customs Zone-I to upload on website.

Annexure-I

S.No.	Name of the Candidate	Roll No.	Rank	Gender	Date of Document Verification	Date of Medical Examination	Hospital
1	GHEVADE AKASH DATTATRAYA	7203008886	10975	M	04.09.2023	05.09.2023	Sion Hospital
2	SUMIT PANCHAL	7001009012	11261	M	04.09.2023	05.09.2023	Sion Hospital
3	KAKADE TUSHAR SHASHIKANT	7208041196	11263	M	04.09.2023	05.09.2025	Sion Hospital
4	SATYAM SHIVAM	7214000263	11272	M	04.09.2023	05.09.2023	Sion Hospital
5	PASI ANIKET KRISHNPAL	7204000077	24724	M	04.09.2023	05.09.2023	Sion Hospital
6	PATIL MAYUR RAJENDRA	7205010790	23283	M	04.09.2023	05.09.2023	Sion Hospital
7	PARMAR JAYMEEN SUNILKUMAR	7001003214	24644	M	04.09.2023	05.09.2023	Sion Hospital
8	AADESH ANKUSH RENGADE	7208043003	26981	M	04.09.2023	05.09.2023	Sion Hospital
9	SHASHA KUMAR	7204017134	32128	M	04.09.2023	05.09.2023	Sion Hospital
10	RAHUL KUMAR	7204014791	32141	M	04.09.2023	05.09.2023	Sion Hospital
11	ANKUSH KUMAR	2201299095	10843	M	05.09.2023	06.09.2023	Sion Hospital
12	GAURAV SINGH	2006017581	10845	M	05.09.2023	06.09.2023	Sion Hospital
13	RAJ KAMAL	3205031072	10851	M	05.09.2025	06.09.2023	Sion Hospital
14	KUNAL SHARMA	2405101566	10857	M	05.09.2023	06.09.2023	Sion Hospital
15	ANAND MANGAL	6001015280	11350	M	05.09.2023	06.09.2023	Sion Hospital
16	NIKHIL RAGHUWANI	6001049651	11405	M	05.09.2023	06.09.2023	Sion Hospital
17	TATANAGARI DHARANIKANTH REDDY	8003019702	11489	M	05.09.2023	06.09.2023	Sion Hospital
18	GAURAV BHANDARI	8007011789	24566	M	05.09.2023	06.09.2023	Sion Hospital
19	BANDELA ABHINAY RAHUL	8001003175	24642	M	05.09.2023	06.09.2023	Sion Hospital
20	KUNAL PANWAR	6006009078	24781	M	05.09.2023	06.09.2023	Sion Hospital
21	SHUBHAM SHARMA	2201342024	10938	M	06.09.2023	07.09.2023	Sion Hospital
22	SHUBHAM GUPTA	2201169410	10989	M	06.09.2023	07.09.2023	Sion Hospital
23	SANDEEP	1601005907	10992	M	06.09.2023	07.09.2023	Sion Hospital
24	AKSHAT PANDEY	3009089080	11004	M	06.09.2023	07.09.2023	Sion Hospital
25	NISHCHAY SINGH	2201331331	11026	M	06.09.2023	07.09.2023	Sion Hospital
26	DHEERAJ SINGH ADHIKARI	2201144863	11083	M	06.09.2023	07.09.2023	Sion Hospital
27	HARSH NARULA	2411010210	11096	M	06.09.2023	07.09.2023	Sion Hospital
28	VISHAL KUMAR	3206062522	11105	M	06.09.2023	07.09.2023	Sion Hospital
29	SHASHANK SHEKHAR	4410118295	11107	M	06.09.2023	07.09.2023	Sion Hospital
30	CHANDRA BHUSHAN	3206073337	11169	M	06.09.2023	07.09.2023	Sion Hospital
31	YASH PRASHAR	3205015039	11173	M	07.09.2023	08.09.2023	Sion Hospital
32	MOHIT KUMAR SHISHODIA	2201013810	11179	M	07.09.2023	08.09.2023	Sion Hospital

S.No.	Name of the Candidate	Roll No.	Rank	Gender	Date of Document Verification	Date of Medical Examination	Hospital
33	SHIVAM SHUKLA	3010074490	11185	M	07.09.2023	08.09.2023	Sion Hospital
34	SHANKAR KUMAR VERMA	3206009217	11212	M	07.09.2023	08.09.2023	Sion Hospital
35	PANKAJ RAVISH	1403017409	11225	M	07.09.2023	08.09.2023	Sion Hospital
36	VISHAL PATHAK	2201300667	11226	M	07.09.2023	08.09.2023	Sion Hospital
37	DEVPRIYA TOMAR	2201312325	11229	M	07.09.2023	08.09.2023	Sion Hospital
38	ARUN DEEP GOSWAMI	3003017948	11248	M	07.09.2023	08.09.2023	Sion Hospital
39	ANURAG SINGH	3009043702	11249	M	07.09.2023	08.09.2023	Sion Hospital
40	HIMANSHU	2201061559	11271	M	07.09.2023	08.09.2023	Sion Hospital
41	JOHNEY	2201103704	11277	M	08.09.2023	11.09.2023	Sion Hospital
42	KAUSHLENDRA YADAV	3009100294	11278	M	08.09.2023	11.09.2023	Sion Hospital
43	MANAS KASHYAP	3205041268	11286	M	08.09.2023	11.09.2023	Sion Hospital
44	ATUL	2201218253	11299	M	08.09.2023	11.09.2023	Sion Hospital
45	SATYAM DWIVEDI	3009086127	11305	M	08.09.2023	11.09.2023	Sion Hospital
46	RAVI KUMAR MONU	3206147203	11323	M	08.09.2023	11.09.2023	Sion Hospital
47	DARSHAN GAHLAUT	2003008816	11334	M	08.09.2023	11.09.2023	Sion Hospital
48	ABHISHEK GUPTA	3003061447	11336	M	08.09.2023	11.09.2023	Sion Hospital
49	PARITOSH GUPTA	1403001586	11352	M	08.09.2023	11.09.2023	Sion Hospital
50	SAURABH KHANDELWAL	2405005255	11360	M	08.09.2023	11.09.2023	Sion Hospital
51	HARSH	3016007564	11364	M	11.09.2023	12.09.2023	Sion Hospital
52	SHUBHAM DWIVEDI	3009094155	11365	M	11.09.2023	12.09.2023	Sion Hospital
53	NISHANT SRIVASTAVA	2201022758	11368	M	11.09.2023	12.09.2023	Sion Hospital
54	AMIT KUMAR	3206091200	11374	M	11.09.2023	12.09.2023	Sion Hospital
55	ANURAG PANDEY	3013131755	11381	M	11.09.2023	12.09.2023	Sion Hospital
56	AMIT KUMAR PATHAK	4205036485	11392	M	11.09.2023	12.09.2023	Sion Hospital
57	HIMANSHU KULSHRESHTHA	3001013719	11398	M	11.09.2023	12.09.2023	Sion Hospital
58	ANURAG MISHRA	3010103845	11404	M	11.09.2023	12.09.2023	Sion Hospital
59	ABHISHEK SINGH RAJAWAT	2201243774	11432	M	11.09.2023	12.09.2023	Sion Hospital
60	SHIVAM KUMAR	2201180481	11454	M	11.09.2023	12.09.2023	Sion Hospital
61	RAJNISH KUMAR JHA	2201241239	11467	M	12.09.2023	13.09.2023	Sion Hospital
62	ROBIN GAUTAM	3009049641	11483	M	12.09.2023	13.09.2023	Sion Hospital
63	NAKUL TANWAR	2201104811	11510	M	12.09.2023	13.09.2023	Sion Hospital
64	SANDEEP KUMAR	3013050644	24511	M	12.09.2023	13.09.2023	Sion Hospital
65	DEEPAK KUMAR	3009030458	24538	M	12.09.2023	13.09.2023	Sion Hospital
66	CHANDRAKANT BHARTI	2201009936	24539	M	12.09.2023	13.09.2023	Sion Hospital

S.No.	Name of the Candidate	Roll No.	Rank	Gender	Date of Document Verification	Date of Medical Examination	Hospital
67	NAVNEET SINGH	2201193932	24620	M	12.09.2023	13.09.2023	Sion Hospital
68	DEEPAK KUMAR	2201168325	24622	M	12.09.2023	13.09.2023	Sion Hospital
69	MAANIK KUMAR	2201258829	24630	M	12.09.2023	13.09.2023	Sion Hospital
70	DAVID KUMAR	3011023189	24631	M	12.09.2023	13.09.2023	Sion Hospital
71	AYUSH KUMAR SAROHA	2201258719	24639	M	13.09.2023	14.09.2023	Sion Hospital
72	AMIT MAJUMDAR	2201132151	24662	M	13.09.2023	14.09.2023	Sion Hospital
73	SHYAM KUMAR	2201296579	24670	M	13.09.2023	14.09.2023	Sion Hospital
74	GAURAV	1801004273	24676	M	13.09.2023	14.09.2023	Sion Hospital
75	MAHENDRA KUMAR	2405050055	24719	M	13.09.2023	14.09.2023	Sion Hospital
76	SURAJ KANOJIA	3009004747	24736	M	13.09.2023	14.09.2023	Sion Hospital
77	TANUMOY PRAMANIK	4410055550	24742	M	13.09.2023	14.09.2023	Sion Hospital
78	RAMENDRA KUMAR	3010121108	24758	M	13.09.2023	14.09.2023	Sion Hospital
79	AAKASH KUMAR	2201012309	25341	M	13.09.2023	14.09.2023	Sion Hospital
80	DEEPAK KUMAR MEENA	2405083197	26913	M	13.09.2023	14.09.2023	Sion Hospital
81	BARU SINGH RANA	2002016090	26945	M	14.09.2023	15.09.2023	Sion Hospital
82	TARA CHAND MEENA	2405041223	26950	M	14.09.2023	15.09.2023	Sion Hospital
83	KAMMINLEN LUNKIM	5301001130	26963	M	14.09.2023	15.09.2023	Sion Hospital
84	DEVESH KUMAR MEENA	2405072424	26977	M	14.09.2023	15.09.2023	Sion Hospital
85	DEEPAK MEENA	2404015023	27038	M	14.09.2023	15.09.2023	Sion Hospital
86	DEEPAK KUMAR MEENA	2405084675	27073	M	14.09.2023	15.09.2023	Sion Hospital
87	DIPESH KUMAR MEENA	2405030918	27086	M	14.09.2023	15.09.2023	Sion Hospital
88	DEEPESH KUMAR MEENA	2405028980	27091	M	14.09.2023	15.09.2023	Sion Hospital
89	SHIVAM GUPTA	3009099623	28132	M	14.09.2023	15.09.2023	Sion Hospital
90	VISHWA PRAKASH	3010092892	32122	M	14.09.2023	15.09.2023	Sion Hospital

Annexure-II

S.No.	Name of the Candidate	Roll No.	Rank	Gender	Date of Document Verification	Date of Medical Examination	Hospital
1	SANJAY KUMAR DAS	3005007232	32154	M	06.09.2023	05.09.2023	J. J. Hospital
2	SANDEEP KUMAR	2201169979	32167	M	06.09.2023	05.09.2023	J. J. Hospital
3	ARVIND KUMAR YADAV	3013134362	32168	M	06.09.2023	05.09.2023	J. J. Hospital
4	GULSHEN ALI	4802001294	32171	M	06.09.2023	05.09.2023	J. J. Hospital
5	DHARMBEER GUPTA	3009071660	32174	M	06.09.2023	05.09.2023	J. J. Hospital
6	PARVEEN	2201220154	32175	M	06.09.2023	05.09.2023	J. J. Hospital
7	TARUN SHEKHAWAT	2401032332	32176	M	06.09.2023	05.09.2023	J. J. Hospital
8	KULDEEP KUMAR	9001020159	32178	M	06.09.2023	05.09.2023	J. J. Hospital
9	ALOK KUMAR	3201008584	32759	M	06.09.2023	05.09.2023	J. J. Hospital
10	DIVYANSHI GOYAL	6005015748	32799	F	07.09.2023	08.09.2023	J. J. Hospital
11	TANYA PATHAK	3009045925	11003	F	07.09.2023	08.09.2023	J. J. Hospital
12	KM SHRUTI MISHRA	3010014803	11013	F	07.09.2023	08.09.2023	J. J. Hospital
13	SUPRIYA SINHA	6001028143	11056	F	07.09.2023	08.09.2023	J. J. Hospital
14	KASHISH SHARMA	2411007441	11171	F	07.09.2023	08.09.2023	J. J. Hospital
15	SARASWATI	2201350031	24609	F	07.09.2023	08.09.2023	J. J. Hospital
16	ARPITA SARKAR	4410030487	24755	F	07.09.2023	08.09.2023	J. J. Hospital
17	POONAM KUMARI	2201236362	24785	F	07.09.2023	08.09.2023	J. J. Hospital
18	PRIYANKA MEENA	1601001819	27083	F	07.09.2023	08.09.2023	J. J. Hospital

A T T E S T A T I O N F O R M

WARNING: 1. The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification & is likely to render the candidate unfit for employment under the Government.

PLEASE AFFIX
YOUR RECENT
PASSPORT SIZE
PHOTOGRAPH

2. If detained, convicted, debarred, etc., subsequent to the completion and submission of this form the details should be communicated to the Staff Selection Commission or the authority to whom the Attestation Form has been sent earlier, as the case may be, failing which it will be deemed to be suppression of factual information.

3. If the fact that false information has been furnished or that there has been suppression of any factual information 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. (a) Name in full (IN BLOCK / SURNAME NAME FATHER'S NAME
CAPITAL LETTERS) with
aliases if any:

(b) Please indicate if you have
added or dropped in at any
stage any part of your name
or surname.

2. Present address in full,
(i.e. Village, Thana & Dist.
or House No., Lane/Street/
Road & Town) & name of
Dist. Headquarters.

3. (a) Home address in full (i.e. Village,
Thana & Dist., or House No.
Lane/Street/Road & Town) &
Name of Dist. Headquarters.

(b) If originally a resident of
Pakistan, the address in that
Country and the date of
Migration to Indian Union.

4. (a) Particular of places (with periods of residences) 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: -

		Residential address in full (i.e. Village, Thana & Dist. Or House No. Lane/ Street/Road & Town)	Name of the Dist., Headquarters of the place mentioned in the preceding column.
FROM	TO		

(b) Name	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's name					
ii. Mother's name					
iii. Wife's / Husband's name					
iv. Brother(s) name					
v. Sister(s) name					

5. Information to be furnished with regards to Son(s) and or Daughter(s) in case they are studying / living in a foreign country:

Name	Nationality (By birth & By domicile)	Country in which studying / living with full address	Date from which studying / living in the country mentioned In previous column
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6. Nationality :

7. (a) Date of Birth :
(b) Present age :
(c) Age at Matriculation :

8. (a) Place of Birth, Distt. & State :
in which situated

(b) Distt. & State to which you :
Belong

(c) Distt. & State to which your :
Father originally belongs

9. (a) Your Religion :

(b) Are you a member of a Scheduled
Caste/Scheduled Tribes? Answer :
“Yes” or “No” & if the answer is :
“Yes” state the name thereof. :

10. Education Qualification showing places of education, with years, in Schools & Colleges since the age of 15.

Name of School/ College with full Address.	Date of Entering	Date of Leaving	Examination Passed
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11. (a) Are you holding or have at any time held an appointment under the Central or State Government or a Semi-Government or a private firm or institution? If so, give full particulars with dates of employment, up to date:

Period		Designation	Full name &	Reasons for leaving
From	To	Emoluments & Nature of work Handled	address of the Employer	previous service

11. (b) If the previous employment was under the Govt. of India / a 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 a month's notice under Rule-5 of the Central, Civil Services (Temporary Service) Rules, 1965 or any similar corresponding rules where any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date, before your services actually terminated: -

-
- | | |
|--|----------|
| 12(i)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 fined by a Court of Law? | Yes / No |
| e. Have you ever been convicted by a Court of Law for any offence? | Yes / No |
| f. Have you ever been bound down? | Yes / No |
| g. Have you ever been debarred from any examination or rusticated by any University or any other Educational Authority / Institution? | Yes / No |
| h. Have you ever been debarred / disqualified by any Public Service 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 these Attestation Forms? | Yes / No |
| j. Is any case pending against you in any University or any other Educational Authority / Institution at the time of filling up these Attestation Forms? | Yes / No |
| k. Whether discharged/ expelled/ withdrawn from any training/ institution Under the Government or otherwise? | Yes / No |

(ii) If the answer to any of the above mentioned questions 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 striking out "Yes" or "No" as the case may be.

13. Names 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 Candidate : _____

Date : _____

Place : _____

Mobile No. : _____

IDENTITY CERTIFICATE

(Certificate to be signed by anyone of the following)

- i. Gazetted officers of Central or State Government.
- ii. Members of Parliament or State Legislature belonging to the Constituency where the Candidate or his parent / guardian is ordinarily resident.
- iii. Sub-Divisional Magistrate / Officers.
- iv. Tehsildars or Naib / Deputy Tehsildars authorized to exercise Magistrate powers.
- v. Principal / Head Master of the recognized School / College / Institution where the candidate studied last.
- vi. Block Development Officer.
- vii. Post Master.
- viii. Panchayat Inspector.

Certified that, I have known Shri / Smt. / Kum. _____
_____ Son / Daughter / Wife 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.

Place : _____

Signature of the candidate: _____

Date : _____

Signature,
Designation or Status
& Address : _____

TO BE FILLED BY THE OFFICE

- i. Name, Designation & full address:
of the Appointing Authority **Addl. Commissioner of Customs,**
Personnel & Estt. Deptt.,
New Custom House, Ballard Estate,
Mumbai-400001
- ii. Post for which the candidate is:
being considered **(TAX ASSISTANT)**
- PERSONNEL & ESTT. DEPTT.,**
New Custom House,
Ballard Estate,
MUMBAI – 400 001.

I hereby declare that,

I am a Citizen of India.

I was not a member of any unlawful organization.

I am not a member of any unlawful organization and I shall not take part in activities of any unlawful organization.

I have not been convicted by the Court of Law for any offence.

I shall not be a member of, or be otherwise associated with, any political party or any organization which take part in politics nor shall I take part in, subscribe in aid of, or assist in any other manner, any political movement or activity.

I further declare that I am **not** a member of Provincial Unit of Territorial Army.

I am unmarried / married.

I take the appointment as _____ in Mumbai Custom House, on service conditions laid down in the Mumbai Custom House, Appointment Memo dated _____.

I will produce the Domicile Certificate within a month of this date.

PLACE: _____

DATE : _____

SIGNATURE OF THE CANDIDATE

DECLARATION

1. I, Shri / Smt. / Kum. _____
declare as under :-

- i. That I am unmarried / a widower / a widow.
- ii. That I am married and have only one wife living.
- iii. That I am married and my husband has no other living wife to the best of my knowledge.
- iv. That I am married and have more than one wife living. Application for grant of exemption is enclosed.
- v. That I am married to a person who has already one wife or more living. Application for grant of exemption is enclosed.
- vi. I will not marry any woman / man having a living husband / wife without Government's consent.

2.** I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

DATE: _____ SIGNATURE _____

NOTE: Please delete the not applicable clauses.

** Applicable in the case of Clauses (i), (ii) & (iii) only.

VERIFICATION FORM FOR CANDIDATES UNDER CONSIDERATION FOR
APPOINTMENT TO A SUBORDINATE SERVICE UNDER THE GOVT. OF INDIA.

I, _____ a candidate for
the appointment to _____ hereby certify that my
answers to the following questions are correct.

a. Have you previously been employed by the Central or any Provincial Government?

NO / YES

Department or Office in which previously employed. Designation of appointment.
Reasons for termination of appointment.

b. Have you previously applied without success for any appointment under the Central
or a Provincial Government?

NO / YES

Department or office in which
an appointment was sought.

Designation of appointment
applied for

I understand that if the above statement is false in any material respect my appointment is
liable to be terminated.

PLACE: _____

DATE: _____

SIGNATURE

-:10(A):-

CHARACTER CERTIFICATE

Certified that I have known Shri / Smt. / Kum. _____
_____son / daughter of Shri / Smt. _____
_____ for the last _____ years _____ months
and that to the best of my knowledge and belief he / she bears a reputable character and has no
antecedents which will render him / her unsuitable for Government employment.

Shri / Smt. / Kum. _____ is not related to me.

PLACE: _____
_____ GAZETTED OFFICER'S NAME & SIGNATURE

DATE: _____ DESIGNATION: _____

OFFICE ADDRESS:

-:10(B):-

CHARACTER CERTIFICATE

Certified that I have known Shri / Smt. / Kum. _____
_____son / daughter of Shri / Smt. _____
_____ for the last _____ years _____ months
and that to the best of my knowledge and belief he/she bears a reputable character and has no
antecedents which will render him / her unsuitable for Government employment.

Shri / Smt. / Kum. _____ is not related to me.

PLACE: _____
_____ GAZETTED OFFICER'S NAME & SIGNATURE

DATE: _____ DESIGNATION: _____

OFFICE ADDRESS:

IDENTITY CERTIFICATE

[Certificate to be signed by any one of the following (*) Competent Authorities]

Certified that I have known Shri / Smt. / Kum. _____

son / daughter/wife of Shri _____

for the last _____ years _____ months, who is residing at

_____ and it is also certified that the signatures and photograph attested below are of

Shri / Smt / Kum _____ . His / Her identification

marks are _____ .

**Recent
Photograph
duly attested by
Competent
Authority with
seal (partly on
photograph and
partly on this
certificate)**

(Signature of Candidate)

Name, Designation, Signature and Address
of the **Competent Authority**

PLACE: _____

DATE: _____

(*)

- i) Gazetted officers (Group 'A')
- ii) Gazetted officers of Central or State Government.
- iii) Member of Parliament or State Legislature belonging to the Constituency where the candidate or his parent/guardian is ordinarily resident.
- iv) Sub-Divisional Magistrate/Officers.
- v) Tehsildars or Naib/Deputy Tehsildars authorized to exercise Magistrate powers.
- vi) Principal/Head Master of the recognized School/College/Institution where the candidate studied last.
- vii) Block Development Officer.
- viii) Post Master.
- ix) Panchayat Inspector.

Note:- **Photograph attested by Competent Authority with seal (partly on photograph and partly on this certificate)**

COMBINED GRADUATE LEVEL EXAMINATION, 2022**DOCUMENT VERIFICATION PROFORMA FOR (Tax Assistant)**

SR.NO.	PARTICULARS	DETAILS(IN BLOCK LETTERS)
1	NAME OF THE CANDIDATE	
2	ROLL NO. & RANK	
3	FATHER'S NAME	
4	MOTHER'S NAME	
5	LANDLINE /MOBILE NO	
6	EMAIL ADDRESS	
7	DEGREE CERTIFICATE DETAILS	-
A	CERTIFICATE NO. AND DATE	
B	MARKSHEET SR.NO. AND DATE	
C	ENROLLMENT NO.	
D	ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE)	
8	SECONDARY SCHOOL CERTIFICATE DETAILS	-
A	CERTIFICATE /MARKSHEET NO. AND DATE	
B	ROLL NO.	
C	ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE)	
9	DOMICILE CERTIFICATE DETAILS	-
A	CERTIFICATE NO. AND DATE	
B	ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE)	
10	AADHAR NUMBER	
11	CASTE CERTIFICATE DETAILS	-
A	CERTIFICATE NO. AND DATE	
B	ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE)	
12	CHARCTER AND ANTECEDENT VERIFICATION DETAILS	-
A	DISTRICT MAGISTARTE (ADRESS WITH PINCODE)	
B	SUPERINTENDENT OF POLICE (ADRESS WITH PINCODE)	

I, HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date-

NAME AND SIGNATURE OF CANDIDATE

Annexure-V

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to this medical examination and must sign the declaration appended thereto. His attention is specifically directed to the warning contained in the Note below.

1	State your name in full (In Block Letters)	
2	State your age &Place of Birth	
3	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? (OR) b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?	
4	When you were last vaccinated?	
5	Have you or any of your near relations been afflicted with Consumption, Scrofula, Gout, Asthma, Fits, Epilepsy or Insanity?	
6	Have you suffered from any form of nervousness due to overwork or any other cause?	
7	Have you been examined and declared fit for Government service by a Medical Officer/ Medical Board, within the last three years?	

1. Furnish the following particulars concerning your family:

Father's age if living and state health	Father's age at death and cause of death	No. of brothers living, their ages and state of health	No. of brothers, dead, their ages at death and causes for death

Mother's age if living and state health	Mother's age at death and cause of death	No. of Sisters living, their ages and state of health	No. of Sisters, dead, their ages at death and causes for death

I declare all the above answers to be, to the best of my belief, true and correct.

I also solemnly believe that I have not received a disability certificate / pension on account of any disease on other condition.

Signed in my presence

Candidate's Signature

(Signature of Medical Officer)

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

Annexure-VI

Medical Certificate of Fitness of First Entry into Government Service

(Male Candidates)

I hereby certified that. I have examined Shri /Smt._____for the post (TAX ASSISTANT) for the employment in the Customs Department and cannot discover that, he has any disease, constitutional weakness or bodily infirmity except_____.

I do not consider this a disqualification for employment in the office of the Principal Commissioner of Customs (G), P&E (Ministerial) New Customs House, Ballard Estate, Mumbai- 400 001.

His age is according to his own statement_____years and by appearance about _____Years. Height_____cms. & Weight_____Kgs.

He has been vaccinated. (Yes/No)

Mark of Identification: _____

Recent
Passport
Size
Photograph
of the
Candidate



Left Hand Thumb Impression of Candidate

Signature and Seal of Civil Surgeon/Medical Officer

Name :

Reg. No. :

Signature of the Candidate

Place:

Date :

Note:- **Photograph attested by surgeon/Medical Officer with seal (partly on photograph and partly on this certificate**

**Medical Certificate of Fitness of First Entry into Government Service
(Female Candidates)**

I hereby certified that. I have examined Ms/Smt. _____ for the post of (TAX ASSISTANT) for the employment in the Customs Department and cannot discover that, she has any disease, constitutional weakness or bodily infirmity except _____

.

I do not consider this a disqualification for employment in the office of the Principal Commissioner of Customs (G), P&E (Ministerial) New Customs House, Ballard Estate, Mumbai- 400 001.

Her age is according to her own statement _____ years and by appearance about _____ Years. She has been vaccinated, Height _____ cms. & Weight _____ Kgs.

Mark of Identification:- _____

Recent
Passport
Size
Photograph
of the
Candidate



Left Hand Thumb Impression of Candidate

Signature and Seal of Civil Surgeon/Medical Officer

Name :

Reg. No. :

Signature of the Candidate

Place:

Date :

INSTRUCTIONS TO BE FOLLOWED WHILE FILLING THE ATTESTATION FORM

2. Please read the instruction carefully and keep a blank copy extra before filling the Attestation forms.
3. Please bring four sets of Attestation forms duly filled in **ORIGINAL** with complete address and Pin Code detail
4. Character Certificate on Page 10(A) has to be signed by the one of the Competent Authorities mentioned on the the Identity Certificate on Page 6.
5. Character Certificate on Page 10(B) has to be signed by different Competent Authority and the same Authority should sign the Identity certificate on page 11.
6. Please note both the Competent Authorities must be different as mentioned in the serial number 4 and 5 above.
7. All the 4 attestation forms should be filled identically in candidate's own handwriting and has to be signed in original.
8. Failure to comply with the instructions would lead to **undue delay in appointment.**

General Instructions

Arrange the document in following order (Bring **04 sets -self attested with date**)

- A. 10th Mark sheet and passing certificate
- B. 12th Mark sheet /Diploma Mark sheet and passing certificate
- C. Graduation mark sheets
- D. Degree Certificate (Graduation)
- E. Caste Certificate in required format (if applicable)
- F. Domicile Certificate
- G. Identity Card (Aadhar card/Pan card/Passport)
- H. Certificate of Physical Disability (if applicable)
- I. Service Leaving Certificate/Discharge book of Ex-Servicemen (if applicable to the candidate)
- J. Attestation Form (04 **Sets in original**)

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. Thalassemia
- 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