



**OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS (G)
NEW CUSTOM HOUSE, BALLARD ESTATE, MUMBAI - 400 001**

F.No. S/5- 238/2018 Estt (P&E).

Date: 17.09.2018

CIRCULAR

Sub: - Fixing of dates of document verification, medical and physical test of qualified candidates recommended by the Staff Selection Commission for the post of Inspector (Examiner) on the basis of result of Combined Graduate Level Examination-2016-reg.

A list of candidates who have been recommended for appointment by SSC on the basis of result of **Combined Graduate Level Examination-2016** and in respect of whom dates for document verification, medical and physical test have been fixed is enclosed herewith. The candidates are required to report to the **Personnel and Establishment Section (Appraising), 2nd Floor, New Custom House, Ballard Estate, Mumbai – 400 001** at **11.00 A.M.** on **24.09.2018** for document verification. Furthermore, the candidates are required to report to the Superintendent, Medical Examination Cell, Saint George's Hospital, Near Chhatrapati Shivaji Maharaj Terminus, Mumbai at **9:30 AM** with Medical Statement and declaration form and recent photographs for Medical test on their respective dates as per the schedule enclosed. No request for change of dates will be entertained.

The candidates are required to bring along with them following documents:-

- I. Attestation form (11 pages) completely filled in quadruplicate (four sets) (all in original with recent photograph) (format enclosed)
- II. Medical Statement and Declaration (02 pages) (format enclosed)
- III. Mark Sheet and Passing Certificate related to educational qualifications from Std.10th to Graduation Degree.
- IV. Proof of Age (School Leaving Certificate/High School Certificate showing the Date of Birth).
- V. Domicile Certificate.
- VI. Certificate of Physical Disability (if applicable to the candidate).
- VII. Service Leaving Certificate/Discharge book of Ex-Servicemen (if applicable to the candidate).
- VIII. If belonging to SC/ST/OBC category, valid caste certificate issued in the Central Government format by the competent authority in this regard (two copies).
- IX. All the above mentioned documents should be brought in **original** along with a self attested Xerox copy of each (Four Sets).
- X. 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.
- XI. Fully filled document verification proforma for candidates (Copy of format is enclosed)
- XII. 5 recent photographs

Encl: As above

-Sd/-
(JITENDRA PATEL)
DEPUTY COMMISSIONER OF CUSTOMS,
P&E, NEW CUSTOM HOUSE, MUMBAI

Schedule for document verification, medical and physical test

SSC-CGLE 2016

Sr. No.	Name	Roll No.	Rank	Date for Document Verification	Date for Medical Test	Date for Physical Test
1	SAURABH SINGH	3003043600	24	24.09.2018	25.09.2018	26.09.2018
2	SHIVAM KUMAR	2201320768	53	24.09.2018	25.09.2018	26.09.2018
3	ROOPA RAM	2401008817	98	24.09.2018	25.09.2018	26.09.2018
4	AKBAR ALI	2405046277	126	24.09.2018	25.09.2018	26.09.2018
5	PANKAJ KUMAR	3003023339	133	24.09.2018	25.09.2018	26.09.2018
6	ANKIT CHAUHAN	2201153997	134	24.09.2018	25.09.2018	26.09.2018
7	LOKESH GAUTAM	1601048185	143	24.09.2018	25.09.2018	26.09.2018
8	VIKRAM PRATAP SINGH	2201064358	150	24.09.2018	25.09.2018	26.09.2018
9	PIYUSH SINGH	2201194458	160	24.09.2018	27.09.2018	26.09.2018
10	VISHU KUMAR CHOUDHARY	6006019279	163	24.09.2018	27.09.2018	26.09.2018
11	SATISH KUMAR GUPTA	3206103614	329	24.09.2018	27.09.2018	26.09.2018
12	AJAY KUMAR	2201367742	418	24.09.2018	27.09.2018	26.09.2018
13	NAGENDRA KUMAR BENIWAL	2405059737	482	24.09.2018	27.09.2018	26.09.2018
14	RADHESHYAM JANGIR	2405030813	513	24.09.2018	27.09.2018	26.09.2018
15	GURJIT SINGH	2201012604	1245	24.09.2018	27.09.2018	26.09.2018
16	HARIOM MEENA	2405012909	2355	24.09.2018	27.09.2018	26.09.2018
17	MANISH VERMA	3009026877	3535	24.09.2018	27.09.2018	26.09.2018

ATTESTATION FORM

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 :-

FROM	TO	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.

(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 Emoluments & Nature of work Handled	Full name & address of the Employer	Reasons for leaving 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

- 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 1. _____
of your locality or two references
to whom you are known.

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 : _____ Designation or Status
& Address : _____

TO BE FILLED BY THE OFFICE

- i. Name, Designation & full address : **Addl. Commissioner of Customs,**
of the Appointing Authority **Personnel & Estt. Deptt., New Custom**
House, Ballard Estate, Mumbai-400001
- ii. Post for which the candidate is : **Inspector (Examiner)**
being considered

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.

I accept the seniority in the cadre of **Inspector (Examiner)** in order of ranking assigned to me by the Selection Commission.

PLACE: _____

DATE : _____

SIGNATURE OF THE CANDIDATE

Note*- Please strike out which is not applicable

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]

[To be furnished in **Duplicate** at the time of joining]

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 of Central or State Government.
- ii) Member 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.

INSTRUCTIONS TO BE FOLLOWED WHILE FILLING THE ATTESTATION FORM

(Sr.No.)

1. Please read the instruction carefully and keep a blank copy extra before filling the Attestation forms.
2. Please bring four sets of Attestation forms duly filled in **ORIGINAL** with complete address and Pin Code details.
3. Page 6 consists of Identity Certificate which has to be signed by Gazetted Officer of Central or State Government and the same officer should sign the first Character Certificate on page 10(A).
4. Page 10(B) consists of Second Character Certificate which has to be signed by different Gazetted Officer and the same officer should sign another Identity certificate on page 11.
5. Please note both the Gazetted officers must be different as mentioned in the serial number 3 and 4 above.
6. All the 4 attestation forms should be filled identically.
7. Failure to comply with the instructions would lead to **undue delay in appointment.**

General Instructions

1. 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 to the candidate)
 - I. Service Leaving Certificate/Discharge book of Ex-Servicemen (if applicable to the candidate)
 - J. Attestation Form (**04 Sets in original**)

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?	

8. 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 wilfully 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.

(G.I. M.H. No. F.5(11)-55-MM.II, dated the 27th September, 1957)

PHYSICAL STANDARD TEST FOR THE POST OF INSPECTOR (EXAMINER)

NAME IN FULL :

DESIGNATION :

ROLL NUMBER :

RANK :

Affix a
photograph
here

FOR MALE CANDIDATE/S

A) Physical Test

Walking (1600 Mtrs. In 15 Minutes) : _____

Cycling (08 Kms in 30 Minutes) : _____

FOR FEMALE CANDIDATE/S

B) Physical Test

Walking (01 Km In 20 Minutes) : _____

Cycling (03 Kms in 25 Minutes) : _____

SIGNATURE OF THE CANDIDATE : _____

SIGNATURE OF SUPERINTENDENT
OF CUSTOMS (P) IN CHARGE : _____

SIGNATURE OF DY. COMMISSIONER OF CUSTOMS:_____

COMBINED GRADUATE LEVEL EXAMINATION, 2016
DOCUMENT VERIFICATION PROFORMA FOR INSPECTOR (EXAMINER)

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	DISTRICT MAGISTARTE (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

No. St. G,H./Med. Exam./ /2018

Office of the Superintendent

St. George's Hospital, Mumbai-01

Dated :

I hereby certify that I have examined Shri _____ for the post of Inspector (examiner) 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), New Custom House, Ballard Estate, Mumbai-400 001.

His age according to his own statement is _____ years and by appearance about _____ years. He has been vaccinated.

Height _____ cms.

Chest _____ cms. and after expansion _____ cms.

Mark of Identification : _____
_____.

Signature and Lt H.T.I

of the candidate

Superintendent,

St. George's Hospital, Mumbai-01