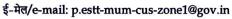


## प्रधानआयुक्तसीमाशुल्क (सामान्य) काकार्यालय

OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS (GENERAL)

#### नवीनसीमाशुल्कभवन,बेलार्डइस्टेट,मुंबई-400001 NEW CUSTOM HOUSE, BALLARD ESTATE, MUMBAI-400001

NEW CUSTOM HOUSE, BALLARD ESTATE, MUMBAI-400001 Telephone-022-22757734,



F. No. S/05-169/2022/ P&E(P) Estt.



दिनांक/Date : (6.05.2023

#### **CIRCULAR No.44/2023**

विषय/Subject: Fixing of dates of document verification, medical examination and physical test of selected candidates recommended by the Staff Selection Commission(SSC) for the post of Inspector (Preventive Officer) on the basis of result of Combined Graduate Level Examination 2020-सम्बंधित/reg.

It is informed that the Central Board of Indirect Taxes and Customs (CBIC), New Delhi vide letter F. No. A. 12034/SSC/06/2020-Ad.III (B) dated 29.11.2022 has considered you for appointment for the post of Inspector (Preventive Officer) in Mumbai Customs based on the results of the Combined Graduate Level Examination, 2020, conducted by the Staff Selection Commission (SSC). Before offer of appointment is issued, you are required to comply all the necessary formalities / requirements as mentioned herewith.

2. As per G.S.R. 1172 (E) dated 26.12.2016, the candidates are required to pass physical test and possess physical standard as described below, for appointment to the grade of Inspector (Preventive officer) of Customs.

	Physical standards (Minimum)	Physical Test
Male Candidate	Height-157.5 cms (relaxable by 5 cms in the case of Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes)	Walking - 1600 metres in 15 Minutes. Cycling - 8 K.M
Female	Chest- 81 cms (fully expanded with minimum expansion of 5 cms)  Height-152cms	in 30 Minutes Walking-1 K.M
Candidate	( relaxable by 2.5 cms in the case of Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes) Weight- 48 kgs. (relaxed by 2 kg. for	in 20 Minutes.  Cycling - 3 K.M in 25 Minutes
	Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes)	

- 3. The list of candidates who have been recommended for appointment by Staff Selection Commission (SSC) on the basis of result of Combined Graduate Level Examination-2020 and in respect of whom schedule for document verification, medical examination and physical test have been fixed is enclosed herewith.
- 4. The candidates are required to report to the Personnel and Establishment Section (Preventive), 3rd Floor, Old Bldg., New Custom House, Ballard Estate, Mumbai 400 001 on 06.06.2023 at 10.30 A. M. for document verification as per scheduled dates.
- 5. The candidates are required to report to the Container Scanning Division, Wadi-Bunder, Near Orange gate Prince's Docks, Mumbai 400 001 on 07.06.2023 at 08.30 A.M. for Physical Test as per scheduled dates.
- 6. The candidates are required to report to the Superintendent, Gokuldas Tejpal (GT) Hospital, Near Police Commissioner's Office, Lokmanya Tilak Marg, Fort, Mumbai 4(1)001 on 05.06.2023 at 09.00 A.M for Medical Test along with Medical Statement (two sets), Declaration form (two sets) and 04 recent photographs, as per their schedule dates.

- 7. The candidates should bring the following documents (in original)/Certificates in the prescribed format within the cut-off date specified in the Notice of Combined Graduate Level Examination-2020, along with self-attested photocopy of each (Four Sets) at the time of document verification:
  - Attestation Form (12 pages) duly filled up in quadruplicate (four sets) (all in original with recent photograph) (format enclosed).
  - II. Candidate's Medical Statement and Declaration (02 pages) (format enclosed).
  - III. Mark Sheets and Passing Certificates 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.
  - VII. Character Certificate from two gazetted officers of the Central or State Government or Stipendiary Magistrates.
  - VIII. Service Leaving Certificate/ Discharge book of Ex-Serviceman (if applicable to the candidate)
    - IX. 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).
    - X. If a candidate is a Central/State Government employee, he/she directed to obtain vigilance clearance & no objection certificate / character certificate (original/attested copy) from the present employer and bring all these documents through proper channel at the time of Document Verification.
    - XI. 5 recent passport size photographs.
  - XII. Aadhar Card.
  - 8. It is also intimated that Medical & Physical Standard Test, Physical Endurance Test & Document Verification may take 02 03 extra working days. All the necessary expenses and arrangements regarding boarding and lodging have to be borne by yourself.
  - 9. IT IS ALSO MENTIONED HERE THAT, THIS IS YOUR THIRD CHANCE 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. The request for any change of dates shall not be entertained.

भवदीय/ Yours faithfully,

( श्रेयांश मोहन)/(Shreyansh Mohan)

उप-आयुक्त सीमाशुल्क / Deputy Commissioner of Customs, कार्मिक और स्थापना अनुभाग / Personnel & Establishment Section, नवीन सीमाशुल्क भवन, मुंबई/New Custom House, Mumbai.

ANNEXURE - I
Schedule of Pre Appointment Formalities for the Candidates sponsored for the post of Inspector(PO) selected through SSC CGLE-2020,
Mumbai Customs.

Sr.No.	Roll No	Name	gender	DoB	allocated _category	Rank	Date of Physical Endurance Test	Date of Medical Examination	Date of Document Verification
1	2201021172	ROHIT RAWAT	M	07-12-98	9	1056	07.06.2023	05.06.2023	06.06.2023
2	2201198548	JEETENDRA SINGH	M	05-11-99	9	1152	07.06.2023	05.06.2023	06.06.2023
3	8601044369	JATIN TANEJA	M	19-11-93	9	1315	07.06.2023	05.06.2023	06.06.2023
4	2201121362	HIMANSHU	M	02-06-95	9	1389	07.06.2023	05.06.2023	06.06.2023
5	2201120250	PAARTH KADIAN	M	20-01-98	9	1397	07.06.2023	05.06.2023	06.06.2023
6	2201173608	VISHAKHA DEVI	F	03-08-00	9	1404	07.06.2023	05.06.2023	06.06.2023
7	8201004923	VARUN	M	08-08-96	9	1463	07.06.2023	05.06.2023	06.06.2023
8	2201169800	KHUSHI	F	06-08-99	9	1483	07.06.2023	05.06.2023	06.06.2023
9	3013605076	PRASHANT SINGH	M	08-08-97	9	1536	07.06.2023	05.06.2023	06.06.2023
10	4205002604	AAKASH KUMAR	M	21-02-97	9	1544	07.06.2023	05.06.2023	06.06.2023
11	7203709005	RELEKAR SOHAM SOPAN	M	08-04-96	9	1712	07.06.2023	05.06.2023	06.06.2023
12	2201042437	VIRENDER KUMAR YADAV	M	13-08-94	6	1938	07.06.2023	05.06.2023	06.06.2023
13	2201009204	SAGAR ROYAL	M	07-05-97	0	2839	07.06.2023	05.06.2023	06.06.2023
14	2201000105	ARUN KUMAR	M	10-06-93	0	2859	07.06.2023	05.06.2023	06.06.2023
15	3010610601	JYOTI YADAV	F	10-06-97	6	2870	07.06.2023	05.06.2023	06.06.2023
16	2201118063	SATJEET SINGH	M	29-09-94	6	3204	07.06.2023	05.06.2023	06.06.2023
17	2201051315	NIKHIL	M	28-07-98	6	3251	07.06.2023	05.06.2023	06.06.2023
18	2201101015	TARUN KATARIA	M	18-08-99	1	4864	07.06.2023	05.06.2023	06.06.2023
19	2401004184	TARUN BAGORIA	M	14-04-98	1	4886	07.06.2023	05.06.2023	06.06.2023
20	2405040842	KULDEEP MEENA	M	03-04-99	2	4893	07.06.2023	05.06.2023	06.06.2023
21	2201208928	NIKHLESH DHANWAL	M	09-09-97	1	4894	07.06.2023	05.06.2023	06.06.2023
22	2405018831	ANKUR JEDIYA	M	07-06-97	1	4934	07.06.2023	05.06.2023	06.06.2023
23	2201018108	SHASHIKANT GHUSINGA	M	15-10-00	2	5012	07.06.2023	05.06.2023	06.06.2023
24	2405063487	AJAY RAJ	M	11-01-94	1	5067	07.06.2023	05.06.2023	06.06.2023
25	2201161083	MRIDUL SINGH	M	21-10-95	1	5074	07.06.2023	05.06.2023	06.06.2023
26	4410026741	TUHIN DAS	M	27-05-88	1	5082	07.06.2023	05.06.2023	06.06.2023
27	2405070043	SURBHI BALOT	F	05-12-97	2	5164	07.06.2023	05.06.2023	06.06.2023
28	3009620322	PRATEEK VERMA	M	30-06-89	1	5168	07.06.2023	05.06.2023	06.06.2023
29	2405017784	JAY PRAKASH MEENA	M	05-07-95	2	5260	07.06.2023	05.06.2023	06.06.2023
30	1402950002	GOURAV BANSAL	M	08-11-95	4	5533	07.06.2023	05.06.2023	06.06.2023
31	2201040051	PRABHAT SINGH	M	31-03-99	4	5853	07.06.2023	05.06.2023	06.06.2023
32	2405044100	VIJENDRA KUMAR MEENA	M	29-07-93	4	5952	07.06.2023	05.06.2023	06.06.2023
33	2201036237	ABHI CHAUDHARY	M	25-07-89	4	6030	07.06.2023	05.06.2023	06.06.2023
34	3003900039	PIYUSH GANGWAR	M	01-07-96	5	6402	07.06.2023	05.06.2023	06.06.2023

## ANNEXURE - II

## 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 CAPITAL LETTERS) with aliases if any:

NAME FATHER'S NAME

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

(b) Name Nationalit Place of Occupation (if Present postal Permanent Home y (by birth employed give Address (If dead Birth address. & or by designation & give last address) official address) Domicile) i. Father's name ii. Mother's name iii. Wife's / Husband's name iv. brother(s) name v. Sister(s) name

Name	Nationality (By birth & By domicile)		Date from whic studying / living the country mer In previous colu	g in ntioned
 6.	Nationality :			
(b)	Date of Birth : Present age : 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) (b)	Your Religion 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 paince the age of 15.	places of education, wit	th years, in Schools	s & Colleges
	Name of School/ College with full Address.		Date of leaving	Examination passed

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 &	Full name & address of the	Reasons for leaving previous service
From	То	Nature of work Handled	Employer	
c U c c	owned or country of the Centroller corresponding the called	ontrolled by the Gov Local Body. If you lead tral, Civil Services ag rules where any di upon to explain your	vt. of India or a State C nad left service on giving (Temporary Service) sciplinary proceedings for conduct in any matter a	a State Govt./ An Undertaking Govt./An Autonomous Body / a month's notice under Rule-5 Rules, 1965 or any similar ramed against you, or had you at the time you gave notice of exervices 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 Education	al
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 f	full particulars of

up this Attestation Form:

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

\_\_\_\_\_

<u>N</u>	NOTE:	i. ii.	Please also see the 'Warning' at the Specific answers to each of the qu'Yes" or "No" as the case may be.	top of this Attestation Form. uestions should be given striking out
13.	Name: knowr		responsible persons of your localit	y or two references to whom you are
	1.		2.	
	ledge an	d belief		ect and complete to the best of my ces which might impair my fitness for
			Signature of Candidate	:
			Date	:
			Place	:

Mobile No.

## CHARACTER CERTIFICATE

Certified that I have known S	Shri / Smt. / Kum		
	son / daugh	ter of Shri / Smt	
	for the last	years	month
and that to the best of my knowledg	ge and belief he / she bea	rs a reputable charact	er and has no
antecedents which will render him /	her unsuitable for Govern	ment employment.	
Shri / Smt. / Kum.		is not	related to me
PLACE:			
	GAZETTED OF	FICER'S NAME & S	IGNATURE
DATE :	DESIGNATION	:	
	OFFICE ADDRI		

## IDENTITY CERTIFICATE

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

Certified that I have known	own Shri / Smt. / Kum.				
son / daughter/wife of S	Shri				
for the last	years	months,	who i	s resid	ing at
_ and it is also cert Shri / Smt / Kum	ified that the signatures and	photograph	attested	l below Her ident	are of
Recent Photograph duly attested by Competent Authority with seal (partly on photograph and partly on this certificate)		(Signatune, Designation of the Compe		ture and A	Address
PLACE:					
ii) Member of Par candidate or his iii) Sub-Divisional I iv) Tehsildars or Na	s of Central or State Government. liament or State Legislature beloparent/guardian is ordinarily resident Magistrate/Officers. hib/Deputy Tehsildars authorized to Master of the recognized School/Onent Officer.	ent. o exercise M	agistrate <sub>l</sub>	powers.	

viii) Panchayat Inspector.

## CHARACTER CERTIFICATE

Certified that I have known	n Shri / Smt. / Kum		
	son / daught	er of Shri / Smt	
	for the last	years	month
and that to the best of my knowle	edge and belief he/she bears	s a reputable charact	er and has no
antecedents which will render him	/ her unsuitable for Governi	ment employment.	
Shri / Smt. / Kum.		is not	related to me.
PLACE :			
	GAZETTED OF	FICER'S NAME & S	SIGNATURE
DATE :	DESIGNATION:		
	OFFICE ADDRE	SS:	

## 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.
- Sub-Divisional Magistrate / Officers. iii.
- Tehsildars or Naib / Deputy Tehsildars authorized to exercise Magistrate powers. iv.
- Principal / Head Master of the recognized School / College / Institution where the v. candidate studied last.
- Block Development Officer. vi.
- Post Master. vii.
- viii. Panchayat Inspector.

Certified that, I have known Shri / S	mt. / Kum			<del> </del>			
		Son	/	Daughter	/	Wife	of
Shri					for	the	last
years mor	nths and that to	the be	est o	f my knowl	edge	and b	elief
the particulars furnished by him / her are	e correct.						
Place :	Signature of the	he cano	lidat	e:			
Date :	Signature, Designation of & Address	r Statu	S	:			

## 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

Post for which the candidate is: ii. being considered

Inspector (Preventive Officer)

PERSONNEL & ESTT. DEPTT.,

New Custom House, Ballard Estate, MUMBAI – 400 001.

I hereby	declare	that,
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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 <b>not</b> a me	ember 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 Certifi	cate within a month of this date.
I accept the seniority in the cadre	of Inspector (Preventive officer) in order of ranking
assigned to me by the Selection Commissi	ion.
PLACE:	
DATE :	SIGNATURE OF THE CANDIDATE

Note\*- Please strike out which is not applicable

## <u>DECLARATION</u>

1.	*	/ Smt. / Kume as under :-				
	ucciai	e as under				
	That I am unmarried / a widower / a widow.					
	ii.	That I am married and have only one wife living.				
	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 exemption is enclosed.					
	v. That I am married to a person who has already one wife or more li Application for grant of exemption is enclosed.					
	vi.	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 of the declaration being found to be incorrect after my appointment, I shall be liable dismissed from service.				
DA	ATE:	SIGNATURE				
<u>N(</u>	OTE:	Please <u>delete</u> the <u>not applicable</u> 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 con	rect.
a. Have you previously been emp	ployed by the Central or any Provincial Government?
	NO / YES
Department or Office in which Reasons for termination of appointment.	previously employed. Designation of appointment.
b. Have you previously applied or a Provincial Government?	without success for any appointment under the Central
Department or office in which an appointment was sought.	Designation of appointment applied for
I understand that if the above state liable to be terminated.	ement is false in any material respect my appointment is
PLACE :	
DATE :	SIGNATURE

#### INSTRUCTIONS TO BE FOLLOWED WHILE FILLING THE ATTESTATION FORM

- 1. <u>Please read the instruction carefully and keep a blank copy extra before filling the</u> Attestation forms.
- 2. Please bring <u>four sets</u> of Attestation forms duly filled in **ORIGINAL** with complete address and Pin Code detail
- 3. Character Certificate on Page 6 has to be signed by the one of the Competent Authorities mentioned on the Identity Certificate on Page 7 and the same Authority should sign the Identity Certificate on Page 7.
- 4. Character Certificate on Page 8 has to be signed by different Competent Authority and the same Authority should sign the Identity certificate on page 9.
- 5. Please note both the Competent Authorities must be different as mentioned in the serial number 3 and 4 above.
- 6. All the 4 attestation forms should be filled identically in candidate's own handwriting and has to be signed in original.
- 7. 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. 10<sup>th</sup> Mark sheet and passing certificate
- B. 12<sup>th</sup> 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**)

## **COMBINED GRADUATE LEVEL EXAMINATION, 2021**

#### DOCUMENT VERIFICATION PROFORMA FOR INSPECTOR (PREVENTIVE OFFICER)

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	
В	MARKSHEET SR.NO. AND	
	DATE	
С	ENROLLMENT NO.	
D	ISSUING AUTHORITY	
	DETAILS (ADDRESS WITH	
	PINCODE)	
	TH(CODE)	
8	SECONDARY SCHOOL	-
	CERTIFICATE DETAILS	
А	CERTICATE /MARKSHEET NO.	
	AND DATE	
В	ROLL NO.	
С	ISSUING AUTHORITY	,
	DETAILS (ADDRESS WITH	
	PINCODE)	
	,	
9	DOMICILE CERTIFICATE	-
	DETAILS	
A	CERTIFICATE NO. AND DATE	
В	ISSUING AUTHORITY	
	DETAILS	
	(ADDRESS WITH PINCODE )	
10	AADHAR NUMBER	
11	CASTE CERTIFICATE DETAILS	-
A	CERTIFICATE NO. AND DATE	
В	ISSUING AUTHORITY DETAILS	
	(ADDRESS WITH PINCODE)	
12	CHARCTER AND	-
	ANTECEDENT VERIFICATION	
	DETAILS	
A	DISTRICT MAGISTARTE	
	(ADRESS WITH PINCODE)	
	OF IDED IN THE COLUMN C	
В	SUPERINTENDENT OF POLICE	
	(ADRESS WITH PINCODE)	

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

## **ANNEXURE - III**

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

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

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

 $\rm I$  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.

# Medical Certificate of Fitness of First Entry into Government Service (Male Candidates)

I	hereby	certified	that.	I	have	examined	Shri
/Smt		fo	or the post	of Ins	spector (Preve	entive Office	r) for the
employmen	t in the Cust	toms Departm	ent and ca	nnot	discover that,	he has any	disease,
constitution	nal	weakness	0	r	bodily		infirmity
except				•••••			
I do	not consider t	this a disqualit	fication for	emplo	yment in the	office of the	Principal
Commission	ner of Custom	s (G), P&E (P	rev.) New (	Custon	ns House, Bal	lard Estate,	Mumbai-
400 001.							
His	age is accordi	ng to his own	statement .		years and	by appeara	nce about
	Years. He h	nas been vacci	inated. Hei	ght	cms. Ch	est before e	expansion
cms &	& after expans	sioncms	8.				
Mark of Identification:							
				•••••			
Recent Passport Size Photograp of the Candidate							
Left Hand T	Thumb Impres	ssion of			_	cure and Sea on/Medical O	
Signature o	f the Candida	te			Name Reg. N		
	i viie Canuiua						
Place : Date :							

## 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 Inspector (Preventive Officer) 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	t in the office of the Principal		
Commissioner of Customs (G), P&E (Prev.) New Customs Hou	use, Ballard Estate, Mumbai-		
400 001.			
Her age is according to her own statementye	ears 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:			