



**प्रधानआयुक्तसीमाशुल्क (सामान्य) कार्यालय**  
OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS  
(GENERAL)

**नवीनसीमाशुल्कभवन, बेलाई इस्टेट, मुंबई-400001**  
NEW CUSTOM HOUSE, BALLARD ESTATE, MUMBAI-400001  
Telephone-022-22757734,

ई-मेल/e-mail: p.estt-mum-cus-zone1@gov.in

F. No. S/05-11/2023-24 - P&E(P) Estt.

दिनांक/Date : 10.07.2023



**CIRCULAR No. 56 / 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 2021-सम्बन्धित/reg.**

It is informed that the Central Board of Indirect Taxes and Customs (CBIC), New Delhi vide letter F. No. A. 12034/SSC/13/2021-Ad.III.B dated 02.05.2023 has considered the candidates mentioned in Attached Annexure, for appointment for the post of Inspector (Preventive Officer) in Mumbai Customs based on the results of the Combined Graduate Level Examination, 2021, conducted by the Staff Selection Commission (SSC). Before offer of appointment is issued, the candidates are required to comply all the necessary formalities / requirements as mentioned herewith.

2. As per G.S.R. 1172 (E) dated 26.12.2016 and Annexure- XVII of Notice of SSC CGLE 2021 dated 23.12.2021, 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) Chest- 81 cms (fully expanded with minimum expansion of 5 cms)	Walking – 1600 metres in 15 Minutes.  Cycling - 8 K.M in 30 Minutes
Female Candidate	Height-152cms (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 Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes)	Walking– 1 K.M in 20 Minutes.  Cycling - 3 K.M in 25 Minutes

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-2021 and in respect of whom schedule for document verification, medical examination and physical test have been fixed is enclosed herewith as **Annexure I**.

4. The candidates are required to report to the **Personnel & Establishment Section (Preventive), 3rd Floor, Old Bldg., New Custom House, Ballard Estate, Mumbai – 400 001** 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** at 10.30 A.M. for **Physical Test** as per scheduled dates alongwith two recent passport size photographs.

6. The candidates are required to report to the **Superintendent, Medical Examination Cell, Gokuldas Tejpal (GT) Hospital, Near Police Commissioner's Office, Lokmanya Tilak Marg, Fort, Mumbai – 400001** 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 /Certificates (in original) in the prescribed format within the cut-off date specified in the Notice of Combined Graduate Level Examination-2021, along with self-attested photocopy of each (Four Sets) at the time of document verification as per their schedule dates:

- i. Attestation Form (12 pages) duly filled up in quadruplicate (four sets) (all in original with recent photograph) (format enclosed as **Annexure II**).
- ii. Candidate's Medical Statement and Declaration (02 pages) (format enclosed as **Annexure III**).
- 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.
- 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 SECOND 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,

  
( हरीश आर राव ) / (Harish R Rao)

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

संलग्न/Enclosures: As above.

**ANNEXURE - I**

**Schedule of Pre Appointment Formalities for the Candidates sponsored for the post of Inspector(PO) selected through SSC CGLE-2021, 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	4410040015	DURBA CHOWDHURY	F	25-04-96	9	302	19.07.2023	17.07.2023	18.07.2023
2	2201137396	PARTIKSHA	F	18-05-98	9	553	19.07.2023	17.07.2023	18.07.2023
3	2201007081	SACHIN MALIK	M	16-12-98	9	678	19.07.2023	17.07.2023	18.07.2023
4	2201201905	BHANU TOMAR	M	12-12-96	9	804	19.07.2023	17.07.2023	18.07.2023
5	3206311422	RAHUL KANT	M	24-12-94	6	1984	19.07.2023	17.07.2023	18.07.2023
6	2201205204	AVI MALIK	M	16-08-01	0	2196	19.07.2023	17.07.2023	18.07.2023

**ANNEXURE - II**  
**ATTESTATION FORM**

**WARNING:**

PLEASE AFFIX  
YOUR RECENT  
PASSPORT SIZE  
PHOTOGRAPH

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.
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.
<hr/>			
<hr/>			
<hr/>			
<hr/>			

(b) Name	Nationalit y (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
------	--------------------------------------------	------------------------------------------------------------	----------------------------------------------------------------------------------------

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
--------------------------------------------------	---------------------	--------------------	-----------------------

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. : \_\_\_\_\_



C H A R A C T E R   C E R T I F I C A T E

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:  
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I D E N T I T Y   C E R T I F I C A T E

[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 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.

C H A R A C T E R   C E R T I F I C A T E

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:

- 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.

**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 (Preventive officer)** 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.

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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



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

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 detail
3. Character Certificate on Page 6 has to be signed by the one of the Competent Authorities mentioned on the 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	<b>DEGREE CERTIFICATE DETAILS</b>	-
A	CERTIFICATE NO. AND DATE	
B	MARKSHEET SR.NO. AND DATE	
C	ENROLLMENT NO.	
D	<b>ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE)</b>	
8	SECONDARY SCHOOL CERTIFICATE DETAILS	-
A	CERTIFICATE /MARKSHEET NO. AND DATE	
B	ROLL NO.	
C	<b>ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE)</b>	-
9	DOMICILE CERTIFICATE DETAILS	-
A	CERTIFICATE NO. AND DATE	
B	<b>ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE )</b>	
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 - 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 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.

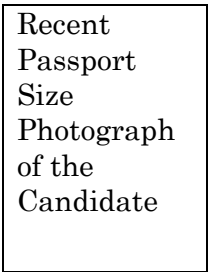
**Medical Certificate of Fitness of First Entry into Government Service**  
**(Male Candidates)**

I hereby certified that. I have examined Shri /Smt.....for the post of Inspector (Preventive Officer) 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 (Prev.) New Customs House, Ballard Estate, Mumbai-400 001.

His age is according to his own statement .....years and by appearance about .....Years. He has been vaccinated. Height.....cms. Chest before expansion .....cms & after expansion .....cms.

Mark of Identification: -.....  
.....



Left Hand Thumb Impression of  
Candidate

Signature and Seal of Civil  
Surgeon/Medical Officer

Name :  
Reg. No. :

Signature of the Candidate

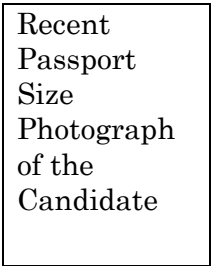
Place :  
Date :

**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 in the office of the Principal  
Commissioner of Customs (G), P&E (Prev.) 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:-.....  
.....



Left Hand Thumb Impression of  
Candidate

Signature and Seal of Civil  
Surgeon/Medical Officer

Name :  
Reg. No. :

Signature of the Candidate

Place :  
Date :