



प्रधानआयुक्तसीमाशुल्क (सामान्य) कार्यालय  
OFFICE OF THE PRINCIPAL COMMISSIONER OF  
CUSTOMS (GENERAL)  
नवीनसीमाशुल्कभवन, बेलाईस्टेट, मुंबई-400001  
NEW CUSTOM HOUSE, BALLARD ESTATE, MUMBAI-  
400001  
Telephone-022-22757736/7422,  
ई-मेल/e-mail: p.estt-mum-cus-zone1@gov.in



F. No. S/5-228/2022-23 P&E Estt

Date: - 05.06.2023

**CIRCULAR No. 49/2023**

**Subject: Fixing of dates of document verification and medical examination of selected candidates recommended by Staff Selection Commission (WR) for the post of Tax Assistant on the basis of result of Combined Graduate Level Examination, 2021-reg.**

It is informed that Central Board of Indirect Taxes and Customs (CBIC), New Delhi vide letter File No.A-12034/SSC/13/2021-Ad.III.B dated 02.05.2023 has considered (01) Tax Assistant recommended for appointment by SSC on the basis of result of Combined Graduate Level Examination (CGLE) 2021.

2. The schedule for document verification and medical examination in respect of (01) Candidate who has been allocated to Mumbai Customs in the grade of Tax Assistant, has been fixed and enclosed herewith as Annexure-A.

3. The candidate is required to report to the Personnel and Establishment Section, 8<sup>th</sup> Floor, New Custom House, Ballard Estate, Mumbai - 400001 at 11:00 A.M. for document verification as per scheduled dates.

4. The candidate is required to report to the Superintendent, Medical Examination Cell, JJ Hospital, JJ Hospital Road, Noor Baug, Nagpada, Mumbai Central, Mumbai -400008 at 09:00 A.M. with Medical Statement, declaration form and recent photographs for Medical Examination on the respective date as per the schedule. Candidate is informed that the process of Medical Examination may take more than one day and are advised to plan accordingly.

5. **The candidates should bring the following documents (in original) along with self-attested photocopy of each (Four Sets) at the time of document verification:**

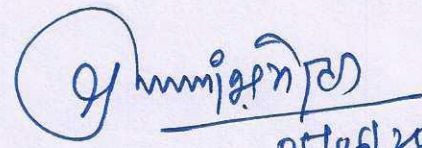
- (i) Attestation Form (11 pages) duly filled up in quadruplicate (four sets) (all in original with recent photograph) (format enclosed).
- (ii) Candidate's Medical Statement and Declaration (02pages) (format enclosed).
- (iii) Mark Sheet, Passing Certificate related to educational qualifications from Std. 10<sup>th</sup> onwards.



- (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) Service Leaving Certificate/ Discharge book of Ex-Serviceman (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) 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.
- (x) 5 recent passport size coloured photographs.
- (xi) Aadhar Card.

6. In the event of 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 change of dates shall not be entertained.

Yours faithfully,

  
05/06/2023  
(Shreyansh Mohan)

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

Enclosures: As above

Copy To:

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



# ANNEXURE A

List of candidate selected through SSC CGL Exam-2021 for the post of Tax Assistant

Sr. No.	Candidate Name	Roll No.	Gender	Rank	Date of Document Verification	Date of Medical Examination
01	ASTHA JAUHARI	2201177950	Female	4029	28.06.2023	30.06.2023



## 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 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.

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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.

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

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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.
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(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 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 :      Tax Assistant  
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.

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.

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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



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



### 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.