

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: -

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

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

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

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

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

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

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

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

9. (a) Your Religion :

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

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

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

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

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

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

(ii) If the answer to any of the above mentioned questions is "Yes", give full particulars of the case / arrest / detention / fine / conviction / punishment, etc. and/ or the nature of the case pending in the Court/ University / Educational Authority, etc. at the time of filling up this Attestation Form

- NOTE:** i. Please also see the 'Warning' at the top of this Attestation Form.
ii. Specific answers to each of the questions should be given striking out "Yes" or "No" as the case may be.

13. Names of two responsible persons of your locality or two references to whom you are known.

1. _____

2. _____

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of Candidate : _____

Date : _____

Place : _____

Mobile No. : _____

IDENTITY CERTIFICATE

(Certificate to be signed by anyone of the following)

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

Certified that, I have known Shri / Smt. / Kum. _____
_____ Son / Daughter / Wife of
Shri _____ for the last
_____ years _____ months and that to the best of my knowledge and belief
the particulars furnished by him / her are correct.

Place : _____

Signature of the candidate: _____

Date : _____

Signature,
Designation or Status
& Address : _____

TO BE FILLED BY THE OFFICE

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

I hereby declare that,

I am a Citizen of India.

I was not a member of any unlawful organization.

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

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

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

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

I am unmarried / married.

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

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

PLACE: _____

DATE : _____

SIGNATURE OF THE CANDIDATE

DECLARATION

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

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

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

DATE : _____ SIGNATURE _____

NOTE: Please delete the not applicable clauses.

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

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

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

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

NO / YES

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

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

NO / YES

Department or office in which
an appointment was sought.

Designation of appointment
applied for

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

PLACE : _____

DATE : _____

SIGNATURE

-:10(A):-

CHARACTER CERTIFICATE

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

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

PLACE: _____

GAZETTED OFFICER'S NAME & SIGNATURE

DATE : _____

DESIGNATION: _____

OFFICE ADDRESS:

-:10(B):-

CHARACTER CERTIFICATE

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

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

PLACE: _____

GAZETTED OFFICER'S NAME & SIGNATURE

DATE : _____

DESIGNATION: _____

OFFICE ADDRESS:

IDENTITY CERTIFICATE

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

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

son / daughter/wife of Shri _____

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

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

Shri / Smt / Kum _____ . His / Her identification

marks are _____ .

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

(Signature of Candidate)

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

PLACE: _____

DATE : _____

(*)

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

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

COMBINED GRADUATE LEVEL EXAMINATION, 2022

DOCUMENT VERIFICATION PROFORMA FOR (Tax Assistant)

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

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

Date-

NAME AND SIGNATURE OF CANDIDATE

CANDIDATE'S STATEMENT AND DECLARATION

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

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

1. Furnish the following particulars concerning your family:

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

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

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

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

Signed in my presence

Candidate's Signature

(Signature of Medical Officer)

Note: The candidate will be held responsible for the accuracy of the above statement. By 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 (TAX ASSISTANT) for the employment in the Customs Department and cannot discover that, he has any disease, constitutional weakness or bodily infirmity except _____.

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

His age is according to his own statement _____ years and by appearance about _____ Years. Height _____ cms. & Weight _____ Kgs.

He has been vaccinated. (Yes/No)

Mark of Identification: _____

Recent
Passport
Size
Photograph
of the
Candidate



Left Hand Thumb Impression of Candidate

Signature and Seal of Civil Surgeon/Medical Officer

Name :

Reg. No. :

Signature of the Candidate

Place:

Date :

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

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

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

.

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

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

Mark of Identification:- _____

Recent
Passport
Size
Photograph
of the
Candidate



Left Hand Thumb Impression of Candidate

Signature and Seal of Civil Surgeon/Medical Officer

Name :

Reg. No. :

Signature of the Candidate

Place:

Date :

INSTRUCTIONS TO BE FOLLOWED WHILE FILLING THE ATTESTATION FORM

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

General Instructions

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

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

