



भारत सरकार GOVERNMENT OF INDIA
 वित्त मंत्रालय MINISTRY OF FINANCE
 राजस्व विभाग DEPARTMENT OF REVENUE
 केन्द्रीय अप्रत्यक्ष कर एवं सीमाशुल्क बोर्ड
 CENTRAL BOARD OF INDIRECT TAXES AND CUSTOMS
 सीमाशुल्क आयुक्त का कार्यालय
 OFFICE OF THE COMMISSIONER OF CUSTOMS
 सीमाशुल्क गृह, विलिंग्डन आईलैंड, कोचीन
 CUSTOM HOUSE, WILLINGDON ISLAND, COCHIN-682009



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सूचना / NOTICE

विषय: कर्मचारी चयन आयोग, संयुक्त स्नातक स्तरीय परीक्षा, 2018 के माध्यम से निरीक्षक (निवारक अधिकारी/परीक्षक) के पद के लिए अभ्यर्थियों का आबंटन- शारीरिक क्षमता परीक्षा के स्थान और तिथि की सूचना- संबंधित।

Sub: Allocation of candidates through Staff Selection Commission, Combined Graduate Level Examination, 2018 to the post of Inspector (Preventive Officer/Examiner)- Intimation of date and venue of Physical Test – reg.

केन्द्रीय अप्रत्यक्ष कर एवं सीमा शुल्क बोर्ड (सीबीआईसी), नई दिल्ली ने पत्र File No.A-12034/SSC/02/2018-Ad.III.B दिनांक 15.09.2021 के माध्यम से कर्मचारी चयन आयोग द्वारा आयोजित संयुक्त स्नातक स्तरीय परीक्षा, 2018 के परिणामों के आधार पर कोचिन सीमाशुल्क गृह में निरीक्षक (निवारक अधिकारी) के पद पर 17 अभ्यर्थियों और निरीक्षक (परीक्षक) के पद पर 4 अभ्यर्थियों को आवंटित किया है।

The Central Board of Indirect Taxes and Customs (CBIC), New Delhi vide letter File No.A-12034/SSC/02/2018-Ad.III.B dated 15.09.2021 has allocated 17 candidates for the post of Inspector (Preventive Officer) and 4 candidates for the post of Inspector (Examiner) to Cochin Custom House based on the results of the Combined Graduate Level Examination, 2018, conducted by Staff Selection Commission.

2. जी.एस.आर. 1172(E) दिनांक 26.12.2016 के अनुसार सीमाशुल्क के निरीक्षक (निवारक अधिकारी/परीक्षक) की श्रेणी में नियुक्ति के लिए अभ्यर्थियों को निम्नलिखित शारीरिक क्षमता परीक्षा उत्तीर्ण करना और उनका निम्नलिखित शारीरिक मानकों के अनुरूप होना आवश्यक है।

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/ Examiner) of Customs.

	शारीरिक मानक (न्यूनतम) Physical standards (Minimum)	शारीरिक क्षमता परीक्षा Physical test
पुरुष अभ्यर्थी 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
महिला अभ्यर्थी Female Candidate	Height -152 cms (relaxable by 5 cms in the case of Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes) Weight - 48 kg. (relaxed by 2 k.g.for Garhwalis, Assamese, Gorkhas and members of Scheduled Tribes)	Walking – 1 km in 20 Minutes Cycling – 3 K.M in 25 Minutes

3. इस संबंध में अनुबंध 'ए' में दर्शाए गए अभ्यर्थियों को निदेश दिया जाता है कि वे अपने नामों के आगे दी गई तारीख पर प्रातः 10.00 बजे सीमाशुल्क गृह, अधीक्षक, सामान्य, विल्लिंगडन आईलैंड, कोचिन-682009 को शारीरिक क्षमता परीक्षा के लिए बिना किसी चूक के उपस्थित हों। अभ्यर्थियों से अनुरोध किया जाता है कि वे शारीरिक क्षमता परीक्षा के लिए जूते अपने साथ लाएं और साइकिल की व्यवस्था भी करें।

In this regard, the candidates figuring in Annexure 'A' are directed to report for Physical Test on the dates mentioned against their names at **10.00 A.M to Superintendent, General, Cochin Custom House, Willingdon Island, Cochin -682009** without fail. Candidates are requested to bring shoes and also arrange bi-cycle for the Physical Test.

4. अनुप्रमाणन प्रपत्र विधिवत् भर कर शारीरिक क्षमता परीक्षा के समय तीन प्रतियों में बिना किसी चूक के अधोहस्ताक्षरी को प्रस्तुत किए जाने चाहिए।

The Attestation Form, **in triplicate**, may be duly filled in all respects (by hand only) and produced at the time of physical test to the undersigned without fail.

5. अभ्यर्थियों को निर्देश दिया जाता है कि वे शारीरिक क्षमता परीक्षा के समय निम्नलिखित दस्तावेज़ तिन प्रतियों के साथ अवश्य प्रस्तुत करें:

The candidates should bring the following documents (in original) along with 3 sets of photocopy at the time of Physical Test:

a) Matriculation / High School Certificate showing Date of Birth.

b) Academic Certificates in support of Educational Qualification.

c) Caste Certificate in case of SC/ST/OBC.

d) Certificate in case of Person with disabilities (Divyangjan) candidate.

e) Character Certificate from two Gazetted officers of the Central or State Government or Stipendiary Magistrates.

f) Certificate of fitness from a physician not below the rank of a Civil Surgeon.

g) Discharge Certificate from previous employer in case the candidate is employed in any of the offices under the Central Government/State Government, Autonomous Body, and Public Sector Undertaking presently. The certificate should be obtained with reference to this Offer of Appointment.

h) Aadhar card.

6. वैसे अभ्यर्थी जो पहले से समान मन्त्रालय/विभाग में समान श्रेणी (निरीक्षक सिजिएसटी, निवारक अधिकारी, परीक्षक) में कार्यरत हैं और शारीरिक परीक्षा से छुट चाहते हैं वे अपने वर्तमान नियोजक से इस शारीरिक परीक्षा उत्तिर्नता के सम्बन्ध में प्रमाणपत्र प्रस्तुत करें। प्रमाणपत्र इस सूचना के संदर्भ में प्राप्त किया जाना चाहिए।

Candidates who are already working in the same Ministry/Department at similar post (Inspector CGST, PO, and Examiner) and want to avail exemption from the Physical Test, should produce a certificate from the current employer regarding passing the Physical Test. Certificate should be obtained with reference to this Notice.

7. शारीरिक परीक्षा के लिए निर्धारित तिथि को उपस्थित नहीं होने की स्थिति में ऐसा माना जाएगा की अभ्यर्थी विभाग में नियुक्ति का इच्छुक नहीं है तथा उसके आवंटन को निरस्त किया जाएगा।

In the event of not reporting on the prescribed date for the Physical Test, it will be presumed that you are not interested in accepting the offer of appointment in the department and your nomination will be treated as cancelled.

8. अभ्यर्थियों के लिए स्पीड पोस्ट द्वारा अलग से सूचना भेजी जा रही है। भेजे गए सूचना पत्रों के न मिलने पर भी अभ्यर्थी उनके नामों के आगे दी गई तारीखों पर शारीरिक मानक/परीक्षा के लिए उपस्थित हो

सकते हैं। अभ्यर्थी संलग्न सत्यापन प्रपत्रों को सीमा शुल्क गृह कोचीन की वेबसाइट से डाउनलोड कर सकते हैं और विधिवत् भरे गए प्रपत्रों को शारीरिक क्षमता परीक्षा में उपस्थिति होने के समय प्रस्तुत कर सकते हैं।

Separate intimation to the candidates is being dispatched by Registered Post & Email. The candidates may attend the physical standard/ tests on the dates mentioned against their names even in case they do not receive the dispatched copies of information letters. The candidates may download the enclosed attestation forms and submit the duly filled in forms at the time of attending physical tests. All forms along with this Notice may be downloaded from website of Custom House Cochin.

9. कोविड-19 महामारी की परस्थिति के आलोक में उम्मीदवारों को केरल सरकार के तात्कालिक प्रभावी दिशानिर्देशों का पालन करना होगा। क्वॉरन्टीन की परस्थिति में उम्मीदवारों को अपने ठहरने की व्यवस्था स्वयं करनी होगी।

Due to COVID-19 pandemic situation, you have to follow the extant guidelines issued by Govt. of Kerala. In case of quarantine, you have to make your own arrangements for accommodation accordingly.

10. अपरिहार्य परिस्थितियों में शारीरिक परीक्षा की तिथियों में बदलाव किया जा सकता है। अतः अभ्यर्थियों को सलाह दिया जाता है कि वे सीमाशुल्क गृह कोचीन की वेबसाइट व अपने ईमेल को नियमित रूप से देखते रहें।

In event of unavoidable circumstances, the Physical Test may be postponed/ rescheduled. Accordingly, candidates are advised to keep checking the website of Custom House Cochin and their individual email.

Digitally Signed by Jimmi

Joseph
Date: 30.09.2021 17:36:44

Reason: Approved

(जिम्मी जोसफ Jimmi Joseph)

सहा. सीमाशुल्क आयुक्त (स्था.)

Astt. Commissioner of Customs(Estt.)

संलग्न Encl: यथोक्त as above.

(All forms & enclosures can be downloaded from Custom House website)

कोचिन सीमाशुल्क गृह की वेबसाइट पर प्रकाशन के लिए

To be published in Cochin CH website.

अनुबंध 'अ'
Annexure 'A'

Sl. No.	Name	नाम	Roll No.	Rank	Date of Physical Test
Candidates allocated for the post of Preventive Officer					
1	AJITH A	अजित ए	9211012114	SL/III/107	21.10.2021
2	JUFFIN JOSEPH	जफिन जोसफ	9204018916	SL/III/630	21.10.2021
3	SANDEEP S MENON	संदीप एस मेनन	9206006181	SL/III/697	21.10.2021
4	KIRAN V PUTHETTU	किरण वि पुथेट्टु	9206016931	SL/III/912	21.10.2021
5	ANIL P	अनिल पि	9211000334	SL/III/1210	21.10.2021
6	ANAND BHASKAR P	आनंद भास्कर पि	9206007001	SL/III/1577	21.10.2021
7	AKSHIT GUPTA	अक्षित गुप्ता	1004100638	SL/III/1863	21.10.2021
8	RAJAT SHANKAR	रजत शंकर	4410088613	SL/III/2825	21.10.2021
9	RAMPAL KUMAR	रामपाल कुमार	3206344989	SL/III/2872	21.10.2021
10	VISHNU RENGAMAN	विष्णु रेंगमन	9204023977	SL/III/3088	21.10.2021
11	SONU KUMAR	सोनु कुमार	1004104435	SL/III/3455	21.10.2021
12	RASHI PAL	रशि पाल	3009610870	SL/III/3462	21.10.2021
13	SHESHANG	शेषांग	2201329941	SL/III/7771	21.10.2021
14	PRABHDEEP KAUR	प्रभदीप कौर	1601204427	SL/III/7892	21.10.2021
15	NITIN KUMAR SAGAR	नितिन कुमार सागर	6005004143	SL/III/7898	21.10.2021
16	SAHIL SINGH	साहिल सिंह	1405202366	SL/III/7913	21.10.2021
17	KESHAV SINGH	केशव सिंह	2201150121	SL/III/9427	21.10.2021
Candidates allocated for the post of Examiner					
1	Achu S Chandran	अचु एस चंद्रन	9211027582	SL/III/984	21.10.2021
2	Gopal Sunil Zavar	गोपाल सुनील ज़ावर	7204724667	SL/III/1118	21.10.2021
3	Arjundev K	अर्जुनदेव के	9206012402	SL/III/1542	21.10.2021
4	Pankaj Kumar Meena	पंकज कुमार मीणा	2404000946	SL/III/7703	21.10.2021

उम्मीदवारों के बयान और घोषणा

CANDIDATE'S STATEMENT AND DECLARATION

उम्मीदवार अपनी चिकित्सा जांच कराने से पहले नीचे की आवश्यकता अनुसार अपना बयान दर्ज करे और संलग्न घोषणापत्र पर हस्ताक्षर करे। उसका अनुप्रमाणन नीचे दिए चेतावनी से निर्देशित है।

The candidate must make the statement required below prior to his/her Medical Examination and must sign the declaration appended thereto. His/her attestation is specially directed to the warning contained in the note below:-

1. अपना पूरा नाम लिखिए (स्पष्ट अक्षरों में)
State your name in full (In Block Letters) :
2. अपनी उम्र और जन्म स्थान लिखिए
State your age and place of birth :
3. (क) क्या आपको कभी भी चेचक, रुक रुक कर होने वाला अन्य बुखार, ग्रंथियों की वृद्धि या पीप आना, रक्त वमन, अस्थमा, हृदय रोग, फेफड़ों की बीमारी, आमवात के आक्रमण से कमजोरी होना, पथरी की बीमारी हुआ है?
(a) Have you ever had small-pox, intermittent or any : other fever, enlargement of suppression of glands, spitting of blood, Asthma, heart disease, lung disease, fainting attacks, rheumatism appendicitis?

(ख) किसी अन्य बीमारी या दुर्घटना जिस की वजह से बिस्तर पर आराम करने की और मेडिकल या सर्जिकल इलाज के आवश्यकता हो?
(b) Any other disease or accident requiring : confinement to bed and medical or surgical treatment?
4. आपने पिछली बार टीका कब लगवाया था?
When were you last vaccinated? :
5. आप या आपके कोई संबंधी खपत, स्कारफुला, गठिया, दमा, फिट्स, मिर्गी या पागलपन से पीड़ित हुए हैं?
Have you or any of your near relations been afflicted : with consumptions, scrofula, gout, asthma, fits, epilepsy or insanity?
6. आप अधिक काम या किसी अन्य कारण से नर्वसनेस से पीड़ित हुए हैं?
Have you suffered from any form of nervousness due to : overwork or any other cause?
7. क्या पिछले तीन वर्षों की भीतर एक चिकित्सा अधिकारी/मेडिकल बोर्ड द्वारा आपको सरकारी सेवा के लिए अयोग्य घोषित किया गया है?
Have you been examined and declared unfit for Govt. : service by a Medical Officer/Medical Board, within the last three years ?
8. अपने परिवार के संबंध मे निम्नलिखित विवरण प्रस्तुत करें।
Furnish the following particulars concerning your family:

पिता की उम्र, यदि जीवित हैं तो, और उनके स्वास्थ्य की स्थिति Father's age if living and state of health	पिता की मृत्यु के समय की उम्र और मौत क कारण Father's age at death and cause of death	जीवित भाईयों की संख्या, उनकी उम्र और स्वास्थ्य की स्थिति No. of brothers living, their age & state of health	मृत भाईयों की संख्या, मृत्यु के समय उनकी उम्र और मृत्यु के कारण No. of brothers dead their age at death and cause of death

माता की उम्र, यदि जीवित हैं तो, और उनके स्वास्थ्य की स्थिति Mother's age if living and state of health	माता की मृत्यु के समय की उम्र और मौत क कारण Mother's age at death and cause of death	जीवित बहनों की संख्या, उनकी उम्र और स्वास्थ्य की स्थिति No. of sisters living, their age & state of health	मृत बहनों की संख्या, मृत्यु के समय उनकी उम्र और मृत्यु के कारण No. of sisters dead their age at death and cause of death

मैं घोषणा करता/करती हूँ की उपर्युक्त प्रश्नों के सभी उत्तर मेरी जानकारी और विश्वास के अनुसार सही हैं।
I declare all the above answers to be, to the best of my knowledge and belief, correct.
मैं यह भी सत्यनिष्ठा से समर्थन करता/करती हूँ की मुझे किसी भी बीमारी या अन्य हालत के कारण एक विकलांगता प्रमाण पत्र/ पेंशन नहीं मिला है।
I also solemnly affirm that, I have not received a disability certificate / pension on account of any disease or other condition.

उम्मीदवार क हस्ताक्षर
Candidate's Signature

मेरी उपस्थिति मे हस्ताक्षर किए हैं
Signed in my presence

दिनांक Date:

मुहर सहित चिकित्सा अधिकारी के हस्ताक्षर
Signature of Medical Officer with seal

स्थान Place:

कार्यालय मुहर Office Seal

नोट: उम्मीदवार ऊपर बयान की सटीकता के लिए जिम्मेदार ठहराया जाएगा। जानबूझकर किसी भी जानकारी को दबाने के कारण उन्हें नियुक्ति के खोने का, और अनर नियुक्त किया गया है तो, सेवनिवृति भत्ता या उपदान के लिए सभी द्यावे क अधिकार खो देने क जोखिम उठाना होगा।

Note: The candidate will be held responsible for accuracy of the above statement. By the wilfully suppressing any information he/she incur the risk of losing the appointment, and if appointed, of forfeiting all claim to superannuation allowance or gratuity.

चिकित्सा प्रमाणपत्र

MEDICAL CERTIFICATE

मैं एतद द्वारा प्रमाणित करता हूँ कि मैंने _____ विभाग में रोजगार के लिए एक उम्मीदवार _____ की जांच की है, और _____ को छोड़कर किसी भी रोग (संचारी या अन्यथा) संवैधानिक कमजोरी, या दुर्बलता का खोज नहीं कर सकता, मैं इसको सीमा शुल्क आयुक्त के कार्यालय, कोचीन-09 में रोजगार के लिए एक अयोग्यता नहीं मानता हूँ। उसकी उम्र बयान के अनुसार _____ साल है और आकार से करीब _____ साल है।

I do hereby certify that I have examined Shri./ Smt./ Kum.a candidate for employment in the Customs Department and cannot discover that he/she has any disease (Communicable or otherwise), constitutional weakness or bodily infirmity except _____. I do not consider this as a disqualification for employment in the office of the Commissioner of Customs, Cochin-09. His / her age is according to his/her own statementyears by appearance aboutyears.

व्यक्तिगत पहचान चिन्ह Personal marks of identification:

- 1.
- 2.

हस्ताक्षर Signature

चिकित्सा अधिकारी का नाम पदनाम पंजीकरण संख्या व पता

Name and Designation of the Medical Officer with Reg. No. and address

स्थान Station:

दिनांक Date:

कार्यालय मुहर
Office Seal

उम्मीदवार के हस्ताक्षर
Signature of the Candidate

जाति प्रमाणपत्र CASTE CERTIFICATE

This is to certify that Shri/Smt/Kum son/daughter of Shri. of Village/Town in District/Division of the State/Union Territory belongs to the Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe / Other Backward Classes under the Scheduled Castes and Scheduled Tribes (lists) modification, 1956. The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956, the Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959, the Constitution (Dadar & Nagar Haveli) Scheduled Castes Order, 1962, the Constitution (Dadar & Nagar Haveli) Scheduled Tribes Order, 1962.

2. Shri/Smt/Kum and/or/his/her family ordinarily reside(s) in Village*/Town ofDistrict/Division* of the State*/Union Territory of

* Please delete the words which are not applicable

Note: The term “Ordinarily resides” used here will have same meaning as in Section 20 of the representation of the People Act ,1950.

F O R M -3
DETAILS OF FAMILY

Name of the Government Servant :

Designation :

Date of Birth :

Date of Appointment :

Details of the members of my family as on

Sl. No.	Name of the members Members of Family*	Date of Birth	Relationship with the official	Initials of the head of Office	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					

I hereby undertake to keep the above particulars upto date by notifying to the Head of Office any addition or alteration.

Signature of the Govt. Servant.

Place:

Date:

* Family for this purpose means family as defined in clause (b) of sub-rule (14) of Rule 54 of the CCS (Penson) Rules, 1972.

Note: Wife and husband shall include respectively judicially separated wife and husband.

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. _____ Date_____

दिव्यांगता प्रमाणपत्र DISABILITY CERTIFICATE

This is certified that Shri/Smt/Kum _____ son/wife/daughter of Shri _____
 _____ age _____ sex _____ identification mark(s) _____
 is suffering from permanent disability of following category :-

A. Locomotor or cerebral palsy :

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) OA-One arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance

Affix here recent
attested
Photograph
Showing the
disability duly
attested by the
chairperson of the
Medical Board

B. Blindness or Low Vision : (i) B-Blind
(ii) Partially Blind

C. Hearing Impairment : (i) D-Deaf
(ii) PD- Partially Deaf

(DELETE THE CATEGORY WHICHEVER IS NOT APPLICABLE)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of ____ years ____ months.*

3. Percentage of disability in his/her case is percent.

4. Sh./Smt./Kum meets the following physical requirements for discharge of his /her duties :-

- | | |
|--|--------|
| (i) F-can perform work by manipulating with fingers. | Yes/No |
| (ii) PP-can perform work by pulling and pushing. | Yes/No |
| (iii) L-can perform work by lifting. | Yes/No |
| (iv) KC-can perform work by kneeling and crouching. | Yes/No |
| (v) B-can perform work by bending. | Yes/No |
| (vi) S-can perform work by sitting. | Yes/No |
| (vii) ST-can perform work by standing. | Yes/No |
| (viii) W-can perform work by walking. | Yes/No |
| (ix) SE-can perform work by seeing. | Yes/No |
| (x) H-can perform work by hearing/speaking. | Yes/No |
| (xi) RW-can perform work by reading and writing. | Yes/No |

(Dr. _____) (Dr. _____) (Dr. _____)
Member, Medical Board Member, Medical Board Chairperson, Medical Board

Countersigned by the Medical Superintendent/

CMO/Head of Hospital (with seal)

*Strike out which is not applicable.

घोषणा D E C L A R A T I O N

I Shri/Smt./Kumarideclare 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.
- @ 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.

Signature:.....

Note: * Please delete clauses not applicable
@ Application in the case of clause (i), (ii) and (iii)only

APPLICATION FOR GRANT OF EXEMPTION

To
The Additional Commissioner of Customs (P&V),
Custom House,
Cochin-9.

Madam,

I request that in view of the reasons stated below, I may be granted exemption from the operations of restriction on the recruitment to service of person having more than one wife living/women who is married to a person already having one wife or more living.

/ Reasons /

Yours faithfully,

Signature:

चरित्र प्रमाणपत्र

CHARACTER CERTIFICATE

प्रमाणित किया जाता है की मैं श्री/श्रीमती/कुमारी _____
पुत्र/पुत्री श्री/श्रीमती _____ को पिछले _____ साल,
_____ महीने से जानता हूँ, और मेरी जानकारी और विश्वास के अनुसार वह एक इज्जतदार चरित्र
वाला है और सरकारी रोजगार के लिए उसे अनुपयुक्त प्रस्तुत करने हेतु कोई पूर्ववृत्त नहीं है।

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 render him/her unsuitable for
Government employment.

2. श्री/श्रीमती/कुमारी _____ मुझसे संबंधित नहीं है।

Shri/ Smt/Kum is not related to me.

दिनांक Date:

हस्ताक्षर Signature

स्थान Place:

नाम Name

कार्यालय मुहर Office Seal

वर्तमान मे धारित पदनाम

Designation of the post held at
present

अनुप्रमाणन फॉर्म ATTESTATION FORM

Affix Passport size (5 cms. x 7 cms.) recent photograph.	<div>चेतावनी “WARNING”</div> <div>1. The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification, and is likely to render the candidate unfit for employment under the Government.</div> <div>2. If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the Authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information.</div> <div>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 service would be liable to be terminated.</div>	
1) Name in Full (in Block Letters) with aliases, if any. (Please indicate if you have added or dropped in any stage any part of your name or surname)	SURNAME	NAME
2) Present address in full (i.e. Village , Thana and District, or House Number/ Lane /Street/ Road and Town, PIN		
3) (a) Home address in full (i.e. Village, Thana and District, or House Number Lane/Street/ Road, and Town and name of District Head Quarters) (b) If originally a resident of Pakistan, the address in that Country and the date of Migration to Indian Union.		
4) Aadhar Card No. (if available)		
5) PAN No. (if available)		

6) Particulars 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 and District or House No. Lane/Street/Road & Town with PIN	Name of the District Head Quarters of the place mentioned in the preceding Col.

7.a) Details of family members:

Relations	Name in full, aliases, if any	Nationality (by birth or by domicile)	Place of birth	Occupation (if employed give full designation in official address	Present postal address (if dead, give last address)	Permanent home address
1. Father						
2.Mother						
3. Spouse						
4.Brother(s)						
5.Sister(s)						

6. Son(s)/ Daughter(s)						
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7.b) Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a foreign country.

Name	Nationality by birth and/or by domicile	Place of birth	Country in which studying/living with full address	Date from which studying /living in the country mentioned in previous column.

8. Nationality	
9(a) Date of birth	
(b) Present age	
(c) Age of Matriculation	
10 (a) Place of birth, District and State in which situated	
(b) District and State to which you belong	
(c) District and State to which your father originally belongs:	
11 (a) Your religion:	
(b) Are you a member of Scheduled Caste/ Scheduled Tribe? Answer 'Yes' or 'No'	

12. Educational qualifications showing places of education with years in Schools and Colleges since 15th year of age

Name of School / College with full address	Date entering	Date leaving	Examination Passed

13. (a) Are you holding or having at any time held an appointment under the Central or State Government or a Semi-Government or a Quasi-Government body, or an Autonomous body, or a Public undertaking, or Private firm or Institution? If so, give full particulars with date of employment, up-to-date.

Period		Designation, emoluments & nature of employment	Full name & address of employer	Reasons for leaving previous service
From	To			

13. (b) If the previous employment was under the Government of India/a State Government/an Undertaking owned or controlled by the Government of India or a State Government/an Autonomous body/University/Local body. If you had left service on giving a month's Notice under Rule 5 of the Central Civil Service (Temporary Service) Rules, 1965, or any similar corresponding rules were 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?:

14 (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 bound down?	Yes / No
	(f)	Have you ever been convicted by a Court of Law for any offence?	Yes / No
	(g)	Have you ever been debarred from any examination or restricted by any University or any other Educational Authority/Institution?	Yes / No
	(h)	Have you ever been debarred/disqualified by any Public Service Commission/ Staff Selection Commission / Institute of Secretariat Training and Management/S.S.C for any of their examination/selection?	Yes / No
	(i)	Is any case pending against you in any Court of law at the time	Yes / No

		of filling up this Attestation Form?	
	(j)	Is any case pending against you in any University or any other Educational Authority / Institution at the time of filling up this Attestation Form?	Yes / No
14(ii) If the answer to any of the above mentioned questions is 'Yes' give full particulars of the case / arrest / detention / fine / conviction / sentence / 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 the Attestation Form.
(ii) Specific answers to each of the questions should be given by striking out Yes’ or ‘No’ as the case may be.

15. Name of two responsible persons of your locality or two references to whom you are known with address and contact details.

1.	2.
----	----

DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate by appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.

I am not aware or any circumstances which might impair my fitness for employment under Government.

Signature of Candidate

Date:

Place:

To be filled by Office

1. Name, designation and full address of the appointing authority: **The Commissioner of Customs, Custom House Cochin, Willingdon Island, Cochin-682 009.**
2. Post for which candidate is considered: **Preventive Officer, Examiner, Tax Assistant.**