

चरित्र प्रमाणपत्र 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 render him/her unsuitable for Government employment.

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

Date:

Signature

Place:

Name

Office Seal

Designation of the post held at present

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Designation of the post held at present

This should be done after the candidate has been finally selected for appointment
Certificate to be signed by any one 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) Principal/Head Master of the recognized School/College/Institution where the candidate studied last:
- iv) Post Master.

चिकित्सा प्रमाणपत्र MEDICAL CERTIFICATE

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.

Personal marks of identification:

- 1.
- 2.

Signature

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

Station:
Date:

Office Seal

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 DECLARATION

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: