1/1352411/2023



माल और सेवा कर एवं केन्द्रीय उत्पाद शुल्क प्रधान मुख्य आयुक्त कार्यालय Office of the Principal Chief Commissioner of GST & Central Excise तमिलनाडु एवं पुदुच्चेरी, चेन्नई अंचल

Tamilnadu & Puducherry, Chennai Zone जी एस टी भवन, सं. 26/1, महात्मा गांधी रोड, चेन्नई – 600 034 GST Bhawan, No.26/1, Mahatma Gandhi Road, Chennai –600 034

मेल / Email: ccaestt-prcco@gov.in/cca.estt.section2@gmail.com दुरभाष / Ph: 28331011 फैक्स / Fax: 044-28331050/1015



फ़ाइल संख्या / File No .: GCCO/CCA/RECR/19/2023-CCAESTT-O/o Pr CC-CGST-ZONE-CHENNAI

NOTICE

বিষয় / Sub: 3^{rd} and Final Chance - Allocation of candidates through Staff Selection Commission, Multi-Tasking (Non-Technical) Staff Examination (MTS) 2021 - Call letter for Document verification - Reg.

Ref: This Office letter of even no. dated 10.05.2023 & 26.05.2023

With reference to the Staff Selection Commission (SR), Chennai vide letter F.No. 6/6/2023-SR dated 14-04-2023, 21-04-2023 & 27-04-2023 allocating for the post Multi-tasking Staff to Chennai Zone based on the results of Multi-Tasking (Non- Technical) Staff in different States and Union Territories Examination 2021, the following candidates are granted **3rd and Final Chance** to attend the document verification. The candidates are directed to report to the undersigned at the venue and on the date mentioned hereunder.

SL. NO	ROLL NO	RANK	NAME	DATE FOR DOCUMENT VERIFICATION
1	8201011381	302	KAMARAJ K	06-06-2023
2	8208001027	1551	MANIKANDAN V	

- 2. While reporting, the candidates are required to submit the duly filled (by hand) in Attestation forms available in the GST & Central Excise Chennai (https://gstchennai.gov.in/promotion-posting-transfer.php) Website in **three sets in original** without fail along with **original** certificates in proof of:
 - a. Matriculation / High School Certificate showing Date of Birth.
 - b. Academic Certificates in support of Educational Qualification.
 - c. Original Caste / Community Certificate in case of SC/ST/OBC in the prescribed form along with the photocopies.
 - d. Income and Asset Certificate in case of EWS candidate.
 - e. Certificate in case of Person with Disabilities (Divyangjan) candidate.
 - f. Character Certificate from two Gazetted officers of the Central or State Government or Stipendiary Magistrates for a minimum period of two years. (3 sets in original)
 - g. Identity Certificate from a Gazetted officers of the Central or State Government or Stipendiary Magistrates for a minimum period of two years. (3 sets in original)
 - h. Certificate of Fitness from a physician not below the rank of a Civil Surgeon. Female candidates should get the certificate from a female physician not below the rank of a Civil Surgeon. (PROFORMA)
 - i. 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 notice.
 - j. Discharge Certificate in case of Ex-Servicemen.

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- k. Aadhaar card and PAN Card
- 1. 3 Sets of colour photographs of size <u>5cm x 7cm</u> to be pasted on the Attestation Forms.
- 3. The candidates are advised to plan their itinerary for at least 02 working days to complete Document Verification and Medical Examination.
- 4. If any candidate has been issued any Show Cause Notice (SCN), the reply of SCN along with proof of reply to the SSC should be brought at the time of verification without fail.
- 5. The candidates have to make their own arrangements for boarding and lodging during the stay. No Travelling or other expenses will be paid by the Department for attending the Certificate verification and Medical Examination.
- 6. In the event of not reporting on the prescribed date for the Document Verification, it will be presumed that the candidate(s) are not interested in accepting the offer of appointment in the department and your nomination and all consequences arising out of the non-reporting shall come into effect.
- 7. No further extension of time will be granted and the dossiers will be returned to SSC in the event that the candidate does not report on the appointed day. Any request from the candidates for rescheduling of dates will not be entertained, unless valid reasons exist.
- 8. Separate intimation to the candidates is being dispatched by Registered Post & Email. The candidates may attend the document verification on the dates mentioned against their names even in case they do not receive the hard copies of this notice. The candidates may download the attestation forms and submit the duly filled in forms at the time of attending document verification.

VENUE & TIME:

Office of the Principal Chief Commissioner of GST & Central Excise, Chennai Zone, 26/1, Mahatma Gandhi Road, Nungambakkam, Chennai- 600034.

Timing: <u>10:00 A.M</u>.

Note: - For any query please contact on **044-28331011**

Signed by Gopalsamy Rangasamy (आर. गोपालसामी/R रिक्क है 2 दे 06 र 2023 18:04:50

अपर आयुक्त/ADDITIONAL COMMISSIONER(प्र.मु.आ.का./

PCCO)

To

The Individual (By Speed Post)

Encl:

- 1. Attestation Form
- 2. Medical Proforma
- 3. Character Certificate
- 4. Identity Certificate
- 5. OBC Declaration Certificate
- 6. Marital Status Certificate

GCCO/CCA/RECR/19/2023-CCAESTT-O/o Pr CC-CGST-ZONE-CHENNAI

1/1352411/20 All forms & enclosures can be downloaded from Chennai Central Excise Website - https://gstchennai.gov.in/promotion-posting-transfer.php

Copy to:

> The Superintendent (Computer Section), Chennai North for displaying on the website.

ANNEXURE - B

PRO FORMA-I

(A) Candidate's Statement/Declaration

The candidate must make the statement required below prior to his/her medical examination

and must sign the Declaratio	n appended thereto.	F							
1. State your name in full .			(in block letter)						
State your age	State your age and birth place								
Nagaland Tribes, etc., whose	2.(a) Do you belong to Scheduled Tribe or to races such as Gorkhas, Garhawalis, Assamese, Nagaland Tribes, etc., whose average height is distinctly lower. [Answer 'Yes' or 'No', and if the answer is 'Yes' state the name of the race.]								
3.(a) Have you ever had sma glands, spitting of blood a appendicitis?	sthma, heart disease	e, lung disease, fainting	• •						
	Ol	R							
(b) Any other disease or acci-	dent requiring confin	ement to bed and medica	al or surgical treatment?						
4. When were you last vaccin	nated?								
5. Have you suffered from an	ny form of nervousne	ess due to overwork or an	y other cause?						
6. Furnish the following part	iculars concerning yo	our family:							
and state of Health & cause of death living, the		Number of Brothers living, their ages & state of health	Number of Brothers dead, their age and cause of death						
7. Have you been examined	by a Civil Surgeon /C	CMO for Medical before	?						
8. If answer to the above is y	es. please state what	Service/ Services you we	ere examined for?						
9. Who was the examining a	uthority?								
10. When and where was the	Medical held?								
11. Result of the Medical Examination, if communicated to you or if known.									
12. All the above answers are liable for action under law suppression of relevant mates of any factual information was for employment under the Gothere has been suppression service of a person, his service	for any material interial information. The rould be a disqualific overnment. If the fact of any factual information in the round information in the result i	firmity in the information of false information and is likely to reretath that false information has mation comes to notice	on furnished by me or rmation or suppression der the candidate unfit as been furnished or that						

Report of the Medical on
Signature of the CMO/Civil Surgeon
Signed in my presence

(Name of the Candidate)

PHYSICAL EXAMINATION

1. General Develo	opment:	Good	Fair	Poor		
Nutrition: Thin	A	Average	Obese	•••••		
Height (without s	hoes)		Weight			
Any recent chang	e in weig	ght?				
Temperature						
Girth of Chest: - (a) (After full ins	piration)					
(b) (After full exp	oiration)					
2. Skin: Any obvi	ious dise	ase				
3. Eyes: (1) Any	disease .					
(2) Night Blindne	ess					
(3) Defect in colo	ur visior	1				
(4) Field of vision	ı					
(5) Visual Acuity						
(6) Fundus exami	nation					
Acuity of Vision	1	Naked Eye	With		Strength of C	Glasses
Distant Vision	R.E.		Glasses	Sp.	Cyl.	Axis
Distant vision						
Near Vision	L.E. R.E.					
	L.E.					
Hypermetropia (N						
R.E.						
L.E.						
4. Ears: Inspectio	n		Hearing	Right Ear .		
				Left Ear		
5. Glands		T1	nyroid			
6. Condition of te	eth					
7. Respiratory Sy respiratory organs				eveal anyth	ing abnormal	in the

CIRCULATORY SYSTEM

8. (a) Heart: Any organic lesions?	
Rate Standing	
After hopping 25 times	
2 minutes after hopping	
(b) Blood pressure: Systolic	Diastolic
9. Abdomen: Girth Tenderness	Hernia
(a) Palpable: LiverSpleen	KidneysTumors
(b) Haemorrhoids Fistu	ıla
10. Nervous system: Indications of nervous or m	ental disability
11. Locomotor System: Any abnormality.	
12.	
Genito Urinary System	Any evidence of hydrocele varicocele, etc.
(a) Physical appearance	
(b) Sp. Gr	
(c) Albumin	
(d) Sugar	
(e) Casts	
(f) Cells	

13. Is there anything in the health of the candidate likely to render him/her unfit for the efficient discharge of his/her duties in the service for which he/she is a candidate?

NOTE. In the case of female candidate: If it is found that she is pregnant of 12 weeks standing or over, she should be declared temporarily unfit, vide Regulations 9.

- 14. (i) State the Services for which the candidate has been examined.
 - (a) Indian Administrative Service and Indian Foreign Service.
 - (b) Indian Police Service and Delhi and Andaman and Nicobar Islands Police Service.
 - (c) Central Services, Groups A and B.
- (ii) Has he/she been found qualified in all respects for the efficient and continuous discharge of his/her duties in.

- (a) Indian Administrative Service and Foreign Service.(b) IPS and Delhi and Andaman and Nicobar Islands Police Service (see especially height, chest, girth, eye sight, colour blindness and locomotive system).
- (c) Indian Railway Traffic Service (see especially height, chest, eye sight, colour blindness).
- (d) Other Central Services, Groups 'A' and 'B'.
- (iii) Is the candidate fit for Field Service.

NOTE. (I) The Civil Surgeon /CMO should record their findings under one of the following three categories:
(i) Fit
(ii) Unfit on account of
(iii) Temporarily unfit on account of
NOTE (II) The candidate has not undergone chest X-ray test. In view of this, the above findings are not final and are subject to the report on chest X-ray test.
Place:
Date:
Signature
Civil Surgeon /CMO

PRO FORMA -II

Candidate's Statement/ Declaration

1.	•	our Name: ck letters)	
2.	Roll N	o.:	
			Candidate's Signature
Signed	l in my 1	presence	
Signat	ure of th	ne Civil Surge	on /CMO
		To be	filled in by the Civil Surgeon /CMO
NOTE catego			should record their findings under one of the following three st X-ray test of the Candidate.
Name	of the C	andidate	
	(i)	Fit	
	(ii)	Unfit on acco	ount of
	(iii)	Temporarily	unfit on account of
Place:			
Date:			
			Signature
			Civil Surgeon /CMO

IDENTITY CERTIFICATE

CETIFICATE TO BE SIGNED BY ONE OF THE FOLLOWING:-

- i) Gazetted Officers of Central of 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) Tahsildars or Naib/Deputy Tahsildars authorized to exercise Magisterial powers;
- v) Principal/Headmaster of the recognised School/College/Institution where the candidate studied last.

vi)	Block Development Officers	vii) Post Masters	viii) Panchaya	t Inspectors
C	Certified that I have known Shri./S	Smt/Kum.		
son/daug	ghter of Shri.	for the	ne past	years and
	_ months and that to the best of	my knowledge and be	lief the particula	ars furnished
by him/h	ner are correct.			
PLACE:		SIGN	NATURE	

TO BE FILLED BY THE OFFICE

Designation or Status & Address

i) Name, Designation and Full Address of the appointing authority

DATE:

ii) Post for which the candidate is being considered

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Snr	1 / Smt. / Kumarideclares:
i)	That I am unmarried / a widower / a widow.
ii)	That I am married and have only one spouse living.
iii)	That I have entered into and contracted a marriage with another person having a living spouse. Application for grant of exemption is enclosed.
iv)	That I have entered into and contracted a marriage with another person during the life time of my spouse. Application for grant of exemption is enclosed.
the declara	plemnly affirm that the above declaration is true and I understand that in the event of ation being found to be incorrect after my appointment, I shall be liable to be from service.
Date:	<u>Signature</u>
NOTE:	Please delete clause / clauses not applicable.
	* applicable in the case of clause (i), (ii) & (iii) only.
	Application for grant of exemption (vide Para 1 (iii) & (iv) of the declaration)
То,	
Sir / Mada	m,
from the o	I request that in view of the reasons stated below, I may be granted exemption peration of restriction on the recruitment to service of a person having more than one

wife living / wife who is married to a person already having one or more living.

Yours faithfully,

ATTESTATION FORM

				"WA	RNING"
Γ			1	The furnishing of fa factual information	alse information or suppression of any in the Attestation Form would be a is likely to render the candidate unfit for
	Affix signed passport size (5cms X 7 cms) approx copy of recent photograph		2	debarred, acquitted e submission of this fo immediately to the ar	prosecuted, bound down, fines convicted, etc., subsequent to the completion and orm, the details should be communicated uthorities to whom the Attestation Form, failing which, it will be deemed to be 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/her services would be liable to be terminated.	
1	Name in fu capitals) with a (Please indicat added or dro stage, any part or surname	aliases, if any, the if you have apped in any		Surname	Name
2	Present Addre Village, Thana or Hou Lane/Street/Ro	a and District, se No.,			
3(a)	Home Addres Village, Thana or Hous Lane/Street/ R and name Headquarters)	a and District, se Number, oad and Town			
(b)	If originally Pakistan / (erstwhile East address in that the date of Indian Union.	Bangaladesh Pakistan) the t country and			
4	Adhaar Card (if available)	No.			
5	PAN No. (if a	available)			
6	Nationality				
7.(a)	Date of Birth				
(b)	Present Age				
(c)	Age at Matric	culation			
8. (a)	Place of birth state in which	•			

(b)	District ar which you b	nd State to belong							
(c)		nd State to your father							
9.(a)	Your Religi								
(b)	Scheduled								
10	Particulars of year at a tir	of places (with me during the p of all places wh	reced	ling five y	ears.	In case of st	ay abroad (i	including Pa	kistan),
From	То	Residential address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town) Name of the District Headquarters of the place mentioned in the preceding Column.							
11.	Name (in full & aliases if any)	Nationality birth or domicile)	(by by	Place birth	of	Occupation, if employed, give designation and official address	Present postal address (if dead, give last address)	Permanent address	Home
a)Father									
b)Mother									
c)Spouse									

12.		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 or by domicile)		Place of birth		studying/living with		Date from which studying/ living in the country mentioned in the previous column	
13.		onal Qualifi 5 th year of ag		ing places	of education v	with years	in Schools and Colleges	
	hool/ College wi ll Address	th Date of	of entering	Date	of leaving	E	xamination passed	
14. (a)	or a Ser Sector U	ni-Governn	nent or a Qu or a private	asi Govern	nment body o	r an autor	tral or State Government nomous body or a Public I particulars with date of	
Per From	iod To	Emolumen	ation and ts and nature	e Ful	l Name and Ao Employer		Reasons for leaving previous service	
14.(b)	owned or con body/University If you have let Rules 1965, or you, or had you	employmer trolled by y/Local Bod it service or any similar been called	nt was under the Govern y. In giving a macorresponding the second of th	nonth's nong rules, wolain your	India or a Statice under Ruthere any disciple conduct in any	le 5 of Coplinary promatter at	covernment/ Undertaking ernment/an autonomous CS (Temporary Service) occedings framed against the time you gave notice stually terminated?	

15. (1)	(a)	Have you ever been kep	ot under detention?	Yes/No	
	(b)	Have you ever been arro	Yes/No		
	(c)		prosecuted? (i.e. has a charge sheet in a against you in any court of law)	Yes/No	
	(d)	Is any original case per the time of filling up the	nding against you in any Court of Law at a Attestation Form?	Yes/No	
	(e)	Have you ever been offence?	convicted by a Court of Law for any	Yes/No	
	(f)	Whether discharged/e institution under the Go	xpelled/withdrawn from any training/vt. or otherwise.	Yes/No	
	(g)	Have you ever been reducational authority/ in	usticated by any University or any other astitution.	Yes/No	
	(h)	•	parred / disqualified by any Public Service election Commission for any of its ?	Yes/No	
(ii)		If the answer to any of the above mentioned 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			
Notes:	(i)	Please also see the 'WARNING' at the top of this attestation form.			
	(ii)	Specific answers to each of the questions should be given by striking out 'YES' or 'NO' as the case may be.			
16.	Name	Names of two responsible 1)			
	-	persons of your locality or			
		two references to whom you are known with Designation, 2)			
	full	Address and			
		e/Landline no.)			
	•	DECI	ARATION		
I am fully the author criminal/o	aware that orities have civil/legal	at by providing false inforce full right to terminat action as a consequence.	on is correct and complete to the best of my rmation or suppressing material information e my appointment letter and I am also the might impair my fitness for employment	while filling this form, liable for appropriate	
Place:					
Date:		Signature of the candidate			

The Attestation Form should be complete in all respects. Incomplete forms will be summarily rejected.

CHARACTER CERTIFICATE

Certified that I have known S	shri / Smt
son / wife / daughter of	for the last
years / months and th	nat to the best of my knowledge and belief he / she
bears reputable character and has	no antecedent which render him / her unsuitable
for Government employment.	
Shri / Smt.	is not
related to me.	
Date:	Signature:
Place:	Designation:
CHARAC	TER CERTIFICATE
	Shri / Smt
	for the last
	nat to the best of my knowledge and belief he / she
for Government employment.	no antecedent which render him / her unsuitable
Shri / Smt	is not
related to me.	
Date:	Signature:
Place:	Designation: