





I/1379976/2023

 	<p>माल और सेवा कर एवं केन्द्रीय उत्पाद शुल्क प्रधान मुख्य आयुक्त कार्यालय Office of the Principal Chief Commissioner of GST &amp; Central Excise तमिलनाडु एवं पुदुच्चेरी, चेन्नई अंचल Tamil Nadu &amp; 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 ई-मेल / Email: <a href="mailto:ccaestt-prcco@gov.in">ccaestt-prcco@gov.in</a>/<a href="mailto:cca.estt.section2@gmail.com">cca.estt.section2@gmail.com</a> दूरभाष / Ph: 28331011 फैक्स / Fax: 044-28331015</p>	 
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फा.सं.F.No.GCCO/CCA/RECR/22/2023-CCAESTT

दिनांक / Date: /06/2023

नोटिस / NOTICE

विषय /Sub: **Third & Final Chance** - Allocation of Tax Assistants recommended for appointment by the SSC on the basis of result of Combined Graduate Level Examination, 2021 – Call letter for Document verification - Reg.

संदर्भ /Ref: This Office letter of even no. dated 08.05.2023 & 02.06.2023

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With reference to the Board's letter F. No. A-12034/SSC/13/2021-Ad.III(B) dated 02.05.2023 allocating Tax Assistants (CBIC) recommended for appointment by the SSC on the basis of results of Combined Graduate Level Examination 2021, the following candidates are granted **Third & 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	Rank	Roll No	Name	Date for Document Verification
1	2177	2405032356	ARJUN SHARMA	27-06-2023
2	4030	2405003810	AJAY JANGIR	
3	4253	4417015056	RAJESH NANDI	
4	4326	2201101614	MOHIT DAHIYA	
5	5446	4410026259	GARGI SARDER	
6	6220	2404007288	SANJEEV ARORA	
7	6225	3010012160	MANOJ KUMAR MISHRA	

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:

- Matriculation / High School Certificate showing Date of Birth.
- Academic Certificates in support of Educational Qualification.

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- 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 Enclosed)
- 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.
- k. Aadhaar card and PAN Card
- l. **3 Sets of Color photographs of size 5cm x 7cm** 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.

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.

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**VENUE & TIME:**

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

Timing: 10:00 A.M.

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

Signed by

Jayapriya Dharanipathi  
(डी जयाप्रिया / D JAYAPRIYA)  
Date: 20-06-2023 09:33:35

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

सेवा में / To

The Individual (By Speed Post)

संलग्न / Encl:

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

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

प्रतिलिपि / Copy to:

- The Superintendent (Computer Section), Pr.CCO - for displaying on the website.

## ATTESTATION FORM

<div style="border: 1px solid black; padding: 10px; text-align: center;"> Affix <b>signed</b> passport size (5cms X 7 cms) approx copy of recent photograph </div>		<b>“WARNING”</b>	
		<b>1</b>	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.
		<b>2</b>	If detained, arrested, prosecuted, bound down, fines 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 earlier, failing which, it will be deemed to be suppression of factual information.
		<b>3</b>	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 full (in block capitals) with aliases, if any, (Please indicate if you have added or dropped in any stage, any part of your name or surname)	<b>Surname</b>	<b>Name</b>
2	Present Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town):		
3(a)	Home Address in full (i.e. Village, Thana and District, or House Number, Lane/Street/ Road and Town and name of District Headquarters)		
(b)	If originally a resident of Pakistan / Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.		
4	Adhaar Card No. (if available)		
5	PAN No. (if available)		
6	Nationality		
7.(a)	Date of Birth		
(b)	Present Age		
(c)	Age at Matriculation		
8. (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 belong					
9.(a)	Your Religion					
(b)	Are you a member of a Scheduled Caste /Scheduled Tribe/ Other Backward Classes ? (Answer Yes/No)					
10	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 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)		Name of the District Headquarters of the place mentioned in the preceding Column.		
11.	Name (in full & aliases if any)	Nationality (by birth or domicile)	Place of birth	Occupation, if employed, give designation and official address	Present postal address (if dead, give last address)	Permanent Home address
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	Country in which studying/living with full address	Date from which studying/ living in the country mentioned in the previous column
13.	Educational Qualification showing places of education with years in Schools and Colleges since 15 <sup>th</sup> year of age.			
Name of School/ College with Full Address		Date of entering	Date of leaving	Examination passed
14. (a)	Are you holding or have any time held an appointment under Central or State Government or a Semi-Government or a Quasi Government body or an autonomous body or a Public Sector Undertaking or a private firm or Institution? If so, give full particulars with date of employment up-to-date			
Period		Designation and Emoluments and nature of Employment	Full Name and Address of Employer	Reasons for leaving previous service
From	To			
14.(b)	<p>If the previous employment was under the Government of India/State Government/ Undertaking owned or controlled by the Government of India or a State Government/an autonomous body/University/Local Body.</p> <p>If you have left service on giving a month's notice under Rule 5 of CCS (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 to termination of service, or at a subsequent date(s), before your service actually terminated?</p>			

15. (i)	(a)	Have you ever been kept under detention?	Yes/No
	(b)	Have you ever been arrested?	Yes/No
	(c)	Have you ever been prosecuted? (i.e. has a charge sheet in a criminal case been filed against you in any court of law)	Yes/No
	(d)	Is any original case pending against you in any Court of Law at the time of filling up this Attestation Form?	Yes/No
	(e)	Have you ever been convicted by a Court of Law for any offence?	Yes/No
	(f)	Whether discharged/expelled/withdrawn from any training/institution under the Govt. or otherwise.	Yes/No
	(g)	Have you ever been rusticated 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 for any of its examinations/selections?	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 ' <b>WARNING</b> ' 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.	Names of two responsible persons of your locality or two references to whom you are known with Designation, full Address and Mobile/Landline no.)	1)	
		2)	
<b>DECLARATION</b>			
<p>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 my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.</p> <p>I am not aware of any circumstances which might impair my fitness for employment under Government.</p> <p>Place:</p> <p>Date:</p> <p style="text-align: right;">Signature of the candidate</p>			

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

## **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) Panchayat Inspectors

Certified that I have known Shri./Smt/Kum. \_\_\_\_\_

son/daughter of Shri. \_\_\_\_\_ for the past \_\_\_\_\_ years and \_\_\_\_\_ months and that to the best of my knowledge and belief the particulars furnished by him/her are correct.

PLACE:

SIGNATURE

DATE:

Designation or Status & Address

TO BE FILLED BY THE OFFICE

- i) Name, Designation and Full Address of the appointing authority
- ii) Post for which the candidate is being considered



## **CHARACTER CERTIFICATE**

Certified that I have known Shri / Smt. \_\_\_\_\_  
son / wife / daughter of \_\_\_\_\_ for the last  
\_\_\_\_\_ years / months and that 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:**

## **CHARACTER CERTIFICATE**

Certified that I have known Shri / Smt. \_\_\_\_\_  
son / wife / daughter of \_\_\_\_\_ for the last  
\_\_\_\_\_ years / months and that 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:**

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri / Smt. / Kumari \_\_\_\_\_ declares:

- 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.

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 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)

To,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sir / Madam,

I request that in view of the reasons stated below, I may be granted exemption from the operation 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,

Signature

## **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 Declaration appended thereto.

1. State your name in full ..... (in block letter)

State your age ..... and birth place.....

2.(a) Do you belong to Scheduled Tribe or to races such as Gorkhas, Garhwalis, 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 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 were you last vaccinated?

5. Have you suffered from any form of nervousness due to overwork or any other cause?

6. Furnish the following particulars concerning your family:

Father's age if living and state of Health	Father's age at death & cause of death	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 Medical Board before?

8. If answer to the above is yes. please state what Service/ Services you were examined for?

9. Who was the examining authority?

10. When and where was the Medical Board held?

11. Result of the Medical Board's Examination, if communicated to you or if known.

12. All the above answers are to the best of my knowledge belief, true and correct and I shall be liable for action under law for any material infirmity in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render the candidate unfit for employment under the Government. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during the service of a person, his services would be liable to be terminated.

Candidate's signature

Signed in my presence

Signature of the Chairman of the Board

**Report of the Medical Board on .....**

(Name of the Candidate)

**PHYSICAL EXAMINATION**

1. General Development: Good..... Fair ..... Poor.....

Nutrition: Thin..... Average.....Obese.....

Height (without shoes) ..... Weight.....

Any recent change in weight? .....

Temperature .....

Girth of Chest: -

(a) (After full inspiration) .....

(b) (After full expiration) .....

2. Skin: Any obvious disease .....

3. Eyes: (1) Any disease .....

(2) Night Blindness .....

(3) Defect in colour vision .....

(4) Field of vision

(5) Visual Acuity

(6) Fundus examination

Acuity of Vision		Naked Eye	With Glasses	Strength of Glasses		
				Sp.	Cyl.	Axis
Distant Vision	R.E.					
	L.E.					
Near Vision	R.E.					
	L.E.					

Hypermetropia (Manifest)

R.E.

L.E.

4. Ears: Inspection ..... Hearing      Right Ear .....

Left Ear .....

5. Glands ..... Thyroid .....

6. Condition of teeth .....

7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs? If yes, explain fully.

### 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: Liver ..... Spleen ..... Kidneys ..... Tumors.....

(b) Haemorrhoids ..... Fistula .....

10. Nervous system: Indications of nervous or mental 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 Board 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:

Chairman

Member

Signature

Member

Seal of the Medical Board

**PRO FORMA -II**

**Candidates's Statement/ Declaration**

1. State your Name:  
(in block letters) .....
2. Roll No.: .....

Candidate's Signature

Signed in my presence

Signature of the Chairman of the Board

*To be filled in by the Medical Board*

NOTE. - The Board should record their findings under one of the following three categories in respect of Chest X-ray test of the Candidate.

Name of the Candidate.....

- (i) Fit .....
- (ii) Unfit on account of .....
- (iii) Temporarily unfit on account of .....

Place:

Date:

Chairman

Member

Signature

Member

Seal of the Medical Board

**Form of declaration to be submitted by OBC Candidate**  
**(in addition to the community certificate)**

I, \_\_\_\_\_ Son/Daughter of Shri.  
\_\_\_\_\_ Resident of village/town/city  
\_\_\_\_\_ district \_\_\_\_\_  
State \_\_\_\_\_ hereby declare that I belong to the  
\_\_\_\_\_ community which is recognized as a backward class  
by the Department of Personnel and Training Office memorandum No. 36012/22/93-  
Estt.(SCT) dated 08.09.1993. It is also declared that as on closing date I do not belong  
to persons/sections (Creamy layer) mentioned in column 3 of the Schedule to the  
above referred memorandum dated 08.09.1993, O.M. No. 36033/3/2004-Estt.(Res.)  
dated 9<sup>th</sup> March, 2004, O.M No. 36033/3/2004-Estt. (Res) dated 14<sup>th</sup> October, 2008  
and O.M. No. 36033/1/2013-Estt. (Res.) dated 27<sup>th</sup> May, 2013.

Signature of the Candidate:

Full Name: .....

~~Roll No.~~ .....

Place: .....

Date: .....

Declaration / Undertaking not signed by Candidate will be rejected.