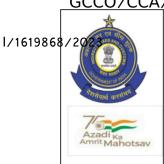
GCCO/CCA/RECR/43/2023-CCAESTT-O/o Pr CC-CGST-ZONE-CHENNAI-Part(1)



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

Tamil Nadu & 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: ccaestt-prcco@gov.in/cca.estt.section2@gmail.com

दूरभाष / Ph: 28331011 फैक्स / Fax: 044-28331015

फा.सं./F.No. GCCO/CCA/RECR/43/2023-CCAESTT-

स्त्र २०२३ INDIA
विदेश कुनुस्त्रकम्
ONE EARTH - ONE EARILY - ONE FUTURE

/10/2023

नोटिस / NOTICE

विषय: दिवतीय अवसर - आश्लिपिक परीक्षा, 2022 के परिणाम के आधार पर कर्मचारी

चयन आयोग द्वारा नियुक्ति हेतु संस्तुत आशुलिपिक ग्रेड - । और ॥ का

दिनांक / Date:

आवंटन - दस्तावेज़ सत्यापन के लिए सूचना पत्र - तत्संबंधी।

Sub: Second Chance - Allocation of Stenographers Grade - I & II recommended

for appointment by the SSC on the basis of result of Stenographer

Examination, 2022 - Call letter for Document verification - Reg.

संदर्भ : इस कार्यालय के दिनांक 08.05.2023 का समसंख्यक पत्र ।

Ref: This Office letter of even no. dated 08.05.2023

बोर्ड के दिनांक 12.09.2023 के पत्र सं. ए-12034/कर्म.च.आ./06/2022-प्रशा.III(बी)/I/73213/2023 के संदर्भ में आशुलिपिक परीक्षा, 2022 के परिणाम के आधार पर कर्मचारी चयन आयोग द्वारा नियुक्ति हेतु संस्तुत आशुलिपिकों (सी.बी.आई.सी.) के आबंटन के संबंध में, निम्नलिखित अभ्यर्थियों को दस्तावेज़ सत्यापन में शामिल होने का दिवतीय अवसर दिया जाता है । अभ्यर्थियों को निर्देश दिया जाता है कि वे नीचे उल्लिखित आयोजन स्थल तथा तिथि पर अधोहस्ताक्षरी को रिपोर्ट करें ।

With reference to the Board's letter F. No. A-12034/SSC/06/2022-Ad.III(B)/I/73213/2023 dated 12.09.2023 allocating Stenographers (CBIC) recommended for appointment by the SSC on the basis of results of Stenographer Examination 2022, the following candidates are granted **second chance** to attend the document verification. The candidates are directed to report to the undersigned at the venue and on the date mentioned hereunder.

क्रम. सं. Sl. No	रैंक Rank	अनुक्रमांक सं. Roll No	नाम Name	दस्तावेज सत्यापन की तिथि Date for Document Verification
1.	257	2201052104	ARMAYA AWASTHI	
2.	543	2201038665	PRABHUNA ARORA	
3.	768	3009014718	NEETESH AGARWAL	
4.	851	2201026560	PRINCE SONI	02-11-2023
5.	881	2003002149	SACHIN KUMAR	
6.	910	3009003894	SHOBHIT SINGH	
7.	965	3010005465	DHEERENDRA KUMAR	

	GCCO/	CCA/R	ECR/43/2023-CC	CAESTT-O/o Pr CC-CGST-ZO	NE-CHENNAI-Part(1)
1/1619868	8.	1094	2201048715	SUNDER SINGH	
17 1013800	9.	1097	3205000948	RAUNAK RAJ	
	10.	1131	1007000176	SALIM ALI	
	11.	1133	3005000854	YAKOOB AHMAD	
	12.	2508	3009014036	PARUL TIWARI	
	13.	2591	3005003312	KARUNA SHARMA	
	14.	2611	2201056831	NISHIT RANGAN	
	15.	3235	3010012159	RAVITA	
	16.	3264	3010024056	AJAY PRATAP SINGH	
	17.	3289	2201036443	MOHD UVESH	
	18.	3290	2201035538	SAD ALI	
	19.	3307	3010024387	ANUJ KUMAR	

2. रिपोर्टिंग करते समय, अभ्यर्थियों को माल और सेवा कर एवं केन्द्रीय उत्पाद शुल्क, चेन्नई के (https://gstchennai.gov.in/promotion-posting-transfer.php) वेबसाइट पर उपलब्ध सत्यापन फॉर्म विधिवत भरकर (हाथ से) तीन सेट मूल प्रति में इनके प्रमाणों के प्रमाण पत्रों के साथ अनिवार्य रूप से जमा करना होगा:

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:

- क. जन्म तिथि दर्शाते हुए मैट्रिक / हाई स्कूल प्रमाण पत्र ।
- a. Matriculation / High School Certificate showing Date of Birth.
- ख. शैक्षिक योग्यता के समर्थन में शैक्षणिक प्रमाण पत्र ।
- b. Academic Certificates in support of Educational Qualification.
- ग. छायाप्रतियों के साथ निर्धारित प्रपत्र में अनुसूचित जाति / अनुसूचित जनजाति /अन्य पिछड़ा वर्ग के मामले में मूल जाति / साम्दाय प्रमाण पत्र ।
- c. Original Caste / Community Certificate in case of SC/ST/OBC in the prescribed form along with the photocopies.
- घ. ईडब्ल्यूएस अभ्यर्थियों के मामले में आय और संपत्ति प्रमाण पत्र।
- d. Income and Asset Certificate in case of EWS candidate.
- ङ. विकलांग व्यक्ति (दिव्यांगजन) अभ्यर्थी के मामले में प्रमाण पत्र ।
- e. Certificate in case of Person with Disabilities (Divyangjan) candidate.
- च. केन्द्र या राज्य सरकार के दो राजपत्रित अधिकारियों या वृत्तिकाग्राही मजिस्ट्रेट से चरित्र प्रमाण पत्र - न्युनतम दो वर्षों के लिए (मूल में 3 सेट)

GCCO/CCA/RECR/43/2023-CCAESTT-O/o Pr CC-CGST-ZONE-CHENNAI-Part(1)

1/1619868/2023

- f. Character Certificate from two Gazetted officers of the Central or State Government or Stipendiary Magistrates <u>for a minimun period of two years</u>. (3 sets in original)
- छ. केन्द्र या राज्य सरकार के दो राजपत्रित अधिकारियों या वृत्तिकाग्राही मजिस्ट्रेट से पहचान प्रमाण पत्र <u>न्यूनतम दो वर्षों के लिए</u> (मूल में 3 सेट)
- g. Identity Certificate from a Gazetted officers of the Central or State Government or Stipendiary Magistrates <u>for a minimun period of two years</u>. (3 sets in original)
- ज. स्वस्थता प्रमाण पत्र उस चिकित्सक से प्राप्त किया जाना है जो सिविल सर्जन के रैंक से नीचे न हो । महिला उम्मीदवारों को उक्त प्रमाण पत्र महिला चिकित्सक से प्राप्त किया जाना है जो सिविल सर्जन के रैंक से नीचे न हो । (अनुलग्नक संलग्न)
- 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)
- झ. वर्तमान में केन्द्र सरकार / राज्य सरकार, स्वायत्त निकाय और सार्वजनिक क्षेत्र के उपक्रम के तहत किसी भी कार्यालय में कार्यरत होने की स्थिति में पिछले नियोक्ता से सेवा-मुक्ति प्रमाण पत्र । इस नोटिस के संदर्भ में यह प्रमाण पत्र प्राप्त किया जाना है।
- 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.
- ञ. भूतपूर्व सैनिकों के मामले में सेवा-मुक्ति प्रमाण पत्र।
- j. Discharge Certificate in case of Ex-Servicemen.
- ट. आधार कार्ड और पैन कार्ड ।
- k. Aadhaar card and PAN Card
- ठ. 5 से.मी x 7 से.मी परिमाण की रंगीन तस्वीरों की 3 सेट अनुप्रमाणन प्रपत्रों पर चिपकाए जाने हैं।
- 1. 3 Sets of Color photographs of size 5cm x 7cm to be pasted on the Attestation Forms.
- 3. अभ्यर्थियों को सलाह दी जाती है कि वे दस्तावेज़ सत्यापन पूरा करने के लिए कम से कम 02 कार्य दिवसों के लिए अपने यात्रा कार्यक्रम की योजना बनाएं।

The candidates are advised to plan their itinerary for at least 02 working days to complete Document Verification.

4. यदि किसी अभ्यर्थी को कोई कारण बताओं नोटिस (एससीएन) जारी किया गया है, तो कर्मचारी चयन आयोग को उत्तर के प्रमाण के साथ कारण बताओं नोटिस का उत्तर सत्यापन के समय अनिवार्य रूप से लाना होगा ।

GCCO/CCA/RECR/43/2023-CCAESTT-O/o Pr CC-CGST-ZONE-CHENNAI-Part(1)

If any candidate has been issued any Show Cause Notice (SCN), the reply of SCN along with proof 1/16198680/20023y to the SSC should be brought at the time of verification without fail.

5. अभ्यर्थियों को प्रवास के दौरान भोजन और आवास की व्यवस्था स्वयं करनी होगी । प्रमाण पत्र सत्यापन और चिकित्सा परीक्षण में भाग लेने के लिए विभाग द्वारा कोई यात्रा या अन्य खर्च का भुगतान नहीं किया जाएगा ।

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. दस्तावेज़ सत्यापन के लिए निर्धारित तिथि पर रिपोर्ट नहीं करने की स्थिति में, यह माना जाएगा कि अभ्यर्थी विभाग में नियुक्ति के प्रस्ताव तथा आपके नामांकन स्वीकार करने के इच्छुक नहीं हैं और रिपोर्ट न करने से उत्पन्न होने वाले सभी परिणाम प्रभाव में आएंगे।

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. समय सीमा नहीं बढ़ाई जाएगी और यदि अभ्यर्थी नियत दिन पर रिपोर्ट नहीं करते हैं, तो दस्तावेज़ कर्मचारी चयन आयोग को वापस कर दिए जाएंगे । तिथियों के पुनर्निर्धारण के लिए अभ्यर्थियों के किसी भी अन्रोध पर विचार नहीं किया जाएगा, जब तक कि कोई वैध कारण मौजूद न हों ।

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. अभ्यर्थियों को पृथक से सूचना पंजीकृत डाक और ई - मेल द्वारा भेजी जा रही है । अभ्यर्थी को इस नोटिस की हार्ड कॉपी प्राप्त न होने की स्थिति में भी अपने नाम के सामने उल्लिखित तिथियों पर दस्तावेज़ सत्यापन में शामिल हों । अभ्यर्थी सत्यापन प्रपत्र डाउनलोड करें एवं दस्तावेज़ सत्यापन के समय विधिवत भरे हुए प्रपत्र प्रस्तृत करें ।

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.

स्थान एवं समय :

माल और सेवा कर एवं केन्द्रीय उत्पाद शुल्क प्रधान मुख्य आयुक्त कार्यालय, चेन्नई अंचल, 26/1, महात्मा गांधी रोड, न्ंगम्बाक्कम, चेन्नई

समय : प्रातः 09.30

GCCO/CCA/RECR/43/2023-CCAESTT-O/o Pr CC-CGST-ZONE-CHENNAI-Part(1) नोट : किसी भी जानकारी के लिए कृपया **044-28331011** पर संपर्क करें

1/1619868<u>VEO BE & TIME</u>:

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

Timing: <u>09:30 A.M</u>.

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

Signed by
Jayapriya Dharanipathi
(डी. जयप्रिया / फ्रिक्ट्रि

अपर आयुक्त / ADDITIONAL COMMISSIONER

सेवा में / To

अभ्यर्थी / The Individual (त्वरित डाक द्वारा / By Speed Post)

संलग्न / Encl:

- 1. अनुप्रमाणन प्रपत्र / Attestation Form
- 2. चिकित्सा प्रपत्र / Medical Proforma
- 3. चरित्र प्रमाण पत्र / Character Certificate
- 4. पहचान प्रमाण पत्र / Identity Certificate
- 5. अन्य पिछड़ा वर्ग से संबंधित घोषणा प्रपत्र / OBC Declaration Certificate
- 6. वैवाहिक स्थिति प्रमाण पत्र / Marital Status Certificate

सभी प्रपत्र एवं संलग्नक चेन्नई उत्पाद शुल्क की वेबसाइट - https://gstchennai.gov.in/promotion-posting-transfer.php से डाउनलोड किए जा सकते हैं।

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

प्रतिलिपि / Copy to:

> अधीक्षक (कंप्यूटर अनुभाग), प्रधान मुख्य आयुक्त कार्यालय - वेबसाइट पर प्रदर्शित करने हेतु । The Superintendent (Computer Section), Pr.CCO - for displaying on the website.

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, 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 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	Mother's	Father's	Mother's	Number of Brothers/Sisters	Number of
age if	age if	age at	age at	living, their ages & state of	Brothers/Sisters
living and	living and	death &	death &	health	dead, their age
state of	state of	cause of	cause of		and cause of
Health	Health	death	death		death

- 7. Have you been examined by a Civil Surgeon/CMO for medical 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 held?
- 11. Result of the Medical 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.

				Ca	ndidate's signatu
Signed in my presence					
Signature of the CMO/	Civil Surgeon				
Report of the Medical	on			•••••	• • • • • • • • • • • • • • • • • • • •
	(Na	ame of the Ca	andidate)		
	PHYS	ICAL EXA	MINATION		
1. General Developmen	nt: Good	Fair	Poor		
Nutrition: Thin	Average	Obese			
Height (without shoes)		Weight			
Any recent change in w	eight?				
Temperature		····			
Girth of Chest: - (a) (After full inspiration	on)				
(b) (After full expiration	n)				
2. Skin: Any obvious d	isease	• • • • • • • • • • • • • • • • • • • •			
3. Eyes: (1) Any diseas	e	• • • • • • • • • • • • • • • • • • • •			
(2) Night Blindness		• • • • • • • • • • • • • • • • • • • •			
(3) Defect in colour vis	ion				
(4) Field of vision					
(5) Visual Acuity					
(6) Fundus examination	1				
Acuity of Vision	Naked Eye	With		Strength of G	lasses
Distant Vision R.E.		Glasses	Sp.	Cyl.	Axis
L.E. Near Vision R.E.					
L.E. Hypermetropia (Manifo	est)				
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 respiratory organs? If yes, explain fully.	on reveal anything abnormal in the
CIRCULATOR	Y 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

Candidates's Statement/ Declaration

1.		vour Name: ock letters)				· • • • • • • • • • • • • • • • • • • •
2.	Roll N	Io.:				
					Candidate's Sign	nature
Signed	l in my	presence				
Signat	ure of t	he Civil Surgeo	on /CMO			
		To be j	filled in by the Ci	vil Surgeon /	CMO	
NOTE catego			geon/CMO record t X-ray test of the		gs under one of the follow	wing three
Name	of the (Candidate	•••••	•••••		
	(i)	Fit				.•
	(ii)	Unfit on accor	unt of			
	(iii)	Temporarily u	ınfit on account o	f		•
Place						
Date:						
					Signature	
					Civil Surgeon/C	МО

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

Ι,	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
	rsonnel and Training Office memorandum No. 36012/22/93-
	993. It is also declared that as on closing date I do not belong
to persons/sections (Cre	eamy layer) mentioned in column 3 of the Schedule to the
above referred memoran	dum dated 08.09.1993, O.M. No. 36033/3/2004-Estt.(Res.)
dated 9th March, 2004, o	O.M No. 36033/3/2004-Estt. (Res) dated 14th October, 2008
and O.M. No. 36033/1/2	013-Estt. (Res.) dated 27th May, 2013.
	Signature of the Candidate:
	Full Name:
	- Roll Mo:
	Place:
	Date:
Declaration / Undertakin	g not signed by Candidate will be rejected.

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	s no antecedent which render him / her unsuitable
for Government employment.	
Shri / Smt.	is not
related to me.	
Date:	Signature:
Place:	Designation:
<u>CHARA</u>	CTER CERTIFICATE
	Shri / Smt.
	for the last
•	that to the best of my knowledge and belief he / she
for Government employment.	s no antecedent which render him / her unsuitable
Shri / Smt.	is not
related to me.	
Date:	Signature:
Place:	Designation:

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 Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town):						
3(a)	Village, Thana or Hous Lane/Street/ R	Home Address in full (i.e. Village, Thana and District, or House Number, Lane/Street/ Road and Town and name of District					
(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 places (with periods of residences) where you have resided for more than or 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 2 years should be given:							kistan),	
From	То	Residential ad Village, Than House No., I Town)	na an	d District	, or	Name of the place mention			
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 or by domi		Place of bin	rth	Country in studying/livitual 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 th year of age.							
Name of School/ College with Full Address		th Date of	Date of entering		Date of leaving		Examination 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 1 particulars with date of	
Period E1		Emolumen	Designation and Emoluments and nature of Employment		Full Name and Address of 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	ment of nonth's no ng rules, w blain your	India or a Statice under Ruthere any disci	State Gov lle 5 of Coplinary pro matter at	covernment/ Undertaking ernment/an autonomous CS (Temporary Service) occedings framed against the time you gave notice etually terminated?	

15. (1)	(a)	Have you ever been kep	ot under detention?	Yes/No			
	(b)	Have you ever been arro	ested?	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 the case may be.	h of the questions should be given by striking	ng out 'YES' or 'NO' as			
16.	Name	Names of two responsible 1)					
	-	ersons of your locality or					
		two references to whom you					
	full	nown with Designation, Address and	2)				
		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 candid	ate			

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) 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)

Shr	i / Smt. / Kumari	declares:			
i)	That I am unmarried / a widower / a widow.				
ii)	That I am married and have only one spouse living.				
	That I have entered into and contracted a marriage with anothe living spouse. Application for grant of exemption is enclosed.	er person having a			
	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	elemnly affirm that the above declaration is true and I understand ation being found to be incorrect after my appointment, I shared 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	f the declaration)			
То,					
					
Sir / Madaı	m,				
from the op	I request that in view of the reasons stated below, I may be peration of restriction on the recruitment to service of a person ha				

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

Yours faithfully,