I/1304040/2023

माल और सेवा कर एवं केन्द्रीय उत्पाद शुल्क प्रधान मुख्य आयुक्त कार्यालय

Office of the Principal Chief Commissioner of GST & Central Excise तिमलनाडु 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



ई-मेल / Email: cca.estt.section2@gmail.com
दूरभाष / Ph: 28335061/62 फैक्स / Fax: 044-28331050/1015

File No.: GCCO/CCA/RECR/22/2023-CCAESTT-O/o Pr CC-CGST-ZONE-CHENNAI

नोटिस / NOTICE

विषय: कर्मचारी चयन आयोग, संयुक्त स्नातक स्तरीय परीक्षा, 2021 के माध्यम से क सहायक (माल और केन्द्रीय उत्पाद शुल्क) के पद के लिए अभ्यर्थियों का आबंटन - दस्तावेज़ सत्यापन के स्थान और तिथि की सुचना - संबंधित।

Sub: Allocation of candidates through Staff Selection Commission, Combined Graduate Level Examination, 2021 to the post of Tax Assistant of Central Excise - Intimation of date and venue of Document Verification—reg.

केन्द्रीय अप्रत्यक्ष कर एवं सीमा शुल्क बोर्ड (सीबीआईसी), नई दिल्ली ने पत्र फा.सं..ए.12034/क.च.आ/13/2021-Ad.III (बी) दिनांक 02.05.2023 के माध्यम से कर्मचारी चयन आयोग द्वारा आयोजित संयुक्त स्नातक स्तरीय परीक्षा, 2021 के परिणामों के आधार पर चेन्नई माल और सेवा कर अंचल में कर सहायक (माल और सेवा कर एवं केन्द्रीय उत्पाद शुल्क) के पद पर 17 अभ्यर्थियों को आवंटित किया है।

The Central Board of Indirect Taxes and Customs (CBIC), New Delhi vide letter F.No.A.12034/SSC/13/2021-Ad.III (B) dated 02.05.2023 has allocated 17 candidates for the post of Tax Assistant (GST & Central Excise) to Chennai GST Zone based on the results of the Combined Graduate Level Examination, 2021, conducted by Staff Selection Commission.

2. इस संबंध में अनुलग्नक 'क' में दर्शाए गए अभ्यर्थियों को निदेश दिया जाता है कि वे अपने नामों के आगे दी गई तारीखों पर प्रातः 09.30 बजे माल और सेवा कर एवं केन्द्रीय उत्पाद शुल्क के प्रधान मुख्य आयुक्त कार्यालय, चेन्नई, 26/1, महात्मा गांधी मार्ग, नुंगम्बाक्कम, चेन्नई - 600 034 में दस्तावेज़ सत्यापन के लिए निश्चित रूप से उपस्थित हों । अभ्यर्थियों को सलाह दी जाती है कि वे दस्तावेज़ सत्यापन और चिकित्सा परीक्षा को पूरा करने के लिए कम से कम 02 कार्य दिवसों के लिए अपने यात्रा कार्यक्रम की योजना बनाएं। दस्तावेज़ सत्यापन की प्रक्रिया कैडर संवर्ग नियंत्रण प्राधिकारी, चेन्नई अंचल द्वारा डोज़ियर की प्राप्ति और सत्यापन के अध्यधीन है।

In this regard, the candidates figuring in Annexure 'A' are directed to report for Document Verification on the dates mentioned against their names at 09.30 A.M at Office of the Principal Chief Commissioner of GST & Central Excise, 26/1, Mahatma Gandhi Road, Nungambakkam, Chennai - 600 034 without fail. Candidates are advised to plan their itinerary for at least 02 working days so as to complete Document Verification and Medical Examination. The process of Document

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1/130404**)**/enfigation is subject to receipt and verification of dossiers by the Cadre Controlling Authority, Chennai zone.

3. अनुप्रमाणन प्रपत्र, तीन प्रतियों में विधिवत् भर कर (केवल हस्थिलिखित) दस्तावेज़ सत्यापन के समय निश्चित रूप से प्रस्त्त किए जाने हैं ।

The Attestation Form, in triplicate (03 copies), may be duly filled in all respects (by hand only) and produced at the time of document verification without fail.

4. अभ्यर्थियों को निर्देश दिया जाता है कि वे दस्तावेज़ सत्यापन के समय निम्नलिखित दस्तावेज़ों की एक सेट छायाप्रति अवश्य प्रस्तुत करें:

The candidates should bring the following documents (in original) along with 1 set of photocopy at the time of Document Verification:

- 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 / सम्दाय प्रमाण पत्र ।
- c) Original Caste / Community Certificate in case of SC/ST/OBC in the prescribed form along with the photocopies (Crucial date 23.01.2022 as per CGLE Notice Para 6.2).
- घ) ई.डब्ल्यू.एस अभ्यर्थी के मामले में आय और संपत्ति प्रमाण पत्र।
- d) Income and Asset Certificate in case of EWS candidate (Crucial date 23.01.2022 as per CGLE Notice Para 6.2).
- ङ) विकलांग ट्यक्ति (दिट्यांगजन) 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 । (मूल में 3 सेट)
- f) Character Certificate for minimum 02 Years from two Gazetted officers of the Central or State Government or Stipendiary Magistrates. (3 sets in original)
- छ) केन्द्र या राज्य सरकार के राजपत्रित अधिकारियों या वृत्तिकाग्राही मजिस्ट्रेट से पहचान प्रमाण पत्र। (मूल में 3 सेट)
- g) Identity Certificate for minimum 02 Years from a Gazetted officers of the Central or State Government or Stipendiary Magistrates. (3 sets in original)

- 1/1304040/2023 ज) स्वस्थता प्रमाण पत्र उस चिकित्सक से प्राप्त किया जाना है जो सिविल सर्जन के पद से नीचे न हो । महिला उम्मीदवारों को प्रमाण पत्र महिला चिकित्सक प्राप्त किया जाना है जो सिविल सर्जन के पद से नीचे न हो । (अन्लग्नक 'ख')
 - 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. (Annexure 'B')
 - 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 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।

I

- k) Aadhaar card and PAN Card.
- ठ) 5 से.मी x 7 से.मी आकार 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.
- 5. दस्तावेज़ सत्यापन 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 नामांकन को निरस्त किया जाएगा।

In the event of not reporting on the prescribed date for the Document Verification, 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.

6. अभ्यर्थियों को पंजीकृत डाक और ई-मेल द्वारा सूचना अलग से भेजी जा रही है । सूचना पत्रों की प्रेषित प्रतियां प्राप्त न होने की स्थिति में भी अभ्यर्थी अपने नाम के सामने उल्लिखित तिथियों पर दस्तावेज़ सत्यापन में शामिल हों । अभ्यर्थी संलग्न सत्यापन प्रपत्र डाउनलोड करें और दस्तावेज़ सत्यापन में भाग लेने के समय विधिवत भरे हुए प्रपत्र प्रस्तुत करें । इस नोटिस के साथ सभी प्रपत्र https://gstchennai.gov.in/promotion-posting-transfer.php से डाउनलोड किए जा सकते हैं

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I/13040/2023 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 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 document verification. All forms along with this Notice may be downloaded from - https://gstchennai.gov.in/promotion-posting-transfer.php

Signed by D Jayapriya Date: 08-05-2023 14:47:40

(D. JAYAPRIYA) ADDITIONAL COMMISSIONER (PCCO)

सेवा में / To

अभ्यर्थियों को (अलग्नक 'क' पर दी गई सूची के अनुसार)
The candidates / As per the list enclosed as Annexure 'A')
संलग्न / Encl:

- 1. अनुलग्नक 'क' / Annexure 'A'
- 2. अन्लग्नक 'ख' / Annexure 'B'
- 3. अनुप्रमाणन प्रपत्र / Attestation Form
- 4. चरित्र प्रमाण पत्र / Character Certificate
- 5. पहचान प्रमाण पत्र / Identity Certificate
- 6. वैवाहिक स्थिति प्रमाण पत्र / Marital Status Certificate

सभी प्रपत्र एवं संलग्नक चेन्नई केन्द्रीय 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), प्रo मुo आ o कार्यालय, चेन्नई 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 age if living	Father's age at death	Number of Brothers	Number of Brothers
and state of Health	& cause of death	living, their ages &	dead, their age and
		state of health	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.

Signed in my presence
Signature of the Chairman of the Board/CMO/Civil Surgeon
Report of the Medical Board on
(Name of the Candidate)
PHYSICAL EXAMINATION
1. General Development: Good Fair Poor
Nutrition: Thin AverageObese
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 Strength of Glasses
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 respiratory organs? If yes, explain fully.	on reveal anything abnormal in the
CIRCULATOR	RY 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 Fisti	ıla
10. Nervous system: Indications of nervous or m	nental 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.

(c) Central Services, Groups A and B.	
(ii) Has he/she been found qualified in all respect of his/her duties in.	ts for the efficient and continuous discharge
(a) Indian Administrative Service and For	eign Service.
(b) IPS and Delhi and Andaman and Nicheight, chest, girth, eye sight, colour blind	cobar Islands Police Service (see especially lness and locomotive system).
(c) Indian Railway Traffic Service (see blindness).	especially height, chest, eye sight, colour
(d) Other Central Services, Groups 'A' and	l 'B'.
(iii) Is the candidate fit for Field Service.	
NOTE. (I) The Board should record their findings	s 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 are not final and are subject to the report on chest	•
Place:	
Date:	Chairman
	Member
Signature	
	Member
	Seal of the Medical Board

(b) Indian Police Service and Delhi and Andaman and Nicobar Islands Police Service.

PRO FORMA -II

Candidates's Statement/ Declaration

1.	State your Name: (in block letters)	
2.	Roll No.:	
		Candidate's Signature
_	l in my presence	
Signat	ure of the Chairman of	the Board
	Toha	filled in by the Medical Board
	10 be	filiea in by the Medical Board
NOTE catego		hould record their findings under one of the following three t X-ray test of the Candidate.
Name	of the Candidate	
	(i) Fit	
	(ii) Unfit on accor	unt of
	(iii) Temporarily t	unfit on account of
Place:		
Date:		Chairman
		Member
	Signat	ure
		Member
		Seal of the Medical Board/CMO/Civil Surgeon

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,

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.

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

ATTESTATION FORM

				"WA	RNING"			
			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.			
				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	capitals) with aliases, if any, (Please indicate if you have added or dropped in any stage, any part of your name			Surname	Name			
2	or surname Present Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town):							
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					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.		on to be furnished with regard to son(s) and/or daughter(s), in case they are living in a Foreign Country:					
Name	Name Nationality (by birth or by domicile) Place of birth		rth	Country in which studying/living with full address		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	Designation and noluments and nature		Full Name and Address of Employer		Reasons for leaving previous service
14.(b) If the previous employment was under owned or controlled by the Govern body/University/Local Body. If you have left service on giving a rangular Rules 1965, or any similar corresponding you, or had you been called upon to expect to termination of service, or at a subsequence.			nonth's nong rules, wolain your	India or a Statice under Ruthere any disciple conduct in any	le 5 of Coplinary promatter at	CS (Temporary Service) occeedings framed against the time you gave notice	

15. (1)	(a)	Have you ever been kep	ot under detention?	Yes/No		
	(b)	Have you ever been arro	Yes/No			
	(c)	Have you ever been p	Yes/No			
	(d)	Is any original case per the time of filling up the	Yes/No			
	(e)	Have you ever been offence?	Yes/No			
	(f)	Whether discharged/e institution under the Go	Yes/No			
	(g)	Have you ever been reducational authority/ in	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	James of two responsible 1)				
	-	ersons of your locality or				
		two references to whom you are known with Designation, 2)				
	full	nown with Designation, Address and				
		e/Landline no.)				
	•	DECI	ARATION			
I am fully the author criminal/o	aware that prities 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:

ANNEXURE - A							
Sl. No	Rank	Roll No	Name	Date & Time for Document Verification			
1	4326	2201101614	MOHIT DAHIYA				
2	5444	2201105595	HARDEEP SINGH				
3	4247	2201170410	ANISHA				
4	3489	2201237093	DHRUV				
5	4327	2402012235	PRATEEK KHANDELWAL				
6	6220	2404007288	SANJEEV ARORA				
7	5784	8601004988	BHUKYA SANDEEP				
8	4279	8201014829	ANKITA MANGAL	10.05.2022			
9	4030	2405003810	AJAY JANGIR	19-05-2023, 9.30 AM			
10	4242	8008004862	LANKE SAI SRINIVAS	9.30 AW			
11	5443	1402200240	HARIT				
12	2177	2405032356	ARJUN SHARMA				
13	3495	3009604218	RAM JEE GUPTA				
14	6225	3010012160	MANOJ KUMAR MISHRA				
15	6236	4205016282	RANVIJAY				
16	5446	4410026259	GARGI SARDER				
17	4253	4417015056	RAJESH NANDI				