



दूरभाष /Telephone:044-28331011  
फेक्स /Fax :044-28331113  
Email:cca.estt.section@gmail.com

**OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER OF  
GST AND CENTRAL EXCISE, CHENNAI ZONE  
TAMILNADU AND PUDUCHERRY**

26/1, महात्मा गांधी मार्ग, नुंगम्बाक्कम, चेन्नै-600 034  
26/1, Mahatma Gandhi Road, Nungambakkam, Chennai 600 034

सी/.सं.C.No.II/31/03/2020-सं/.स्था-.प्रा.नि.CCA.Estt.

दिनांक/Date: 12-07.2021

Sub: **3<sup>rd</sup> and Final Chance** - Allocation of Tax Assistants recommended for appointment by the SSC on the basis of result of Combined Graduate Level Examination, 2017 - Call letter for Document verification - Reg.

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With reference to the Board's letter F. No. A-12034/SSC/10/2017-Ad.III (B) dated 29.06.2020 allocating Tax Assistants recommended for appointment by the SSC on the basis of result of Combined Graduate Level Examination- 2017, the following candidates are being given a **Third & Final chance** to attend the document verification. The candidates are directed to report to the undersigned at the address and dated mentioned hereunder.

SL. No.	NAME (SHRI/SMT/MS)	Roll No.	RANK	DATE OF DOCUMENT VERIFICATION
1	ROHIT	2201136874	2729	26-07-2021
2	KHAN MOHAMMED RIZWAN ABDUL	7204712215	2822	
3	BHASKAR KUMAR MAHORI	2201197503	3096	
4	M AKHIL SAI	8601054869	3382	
5	NEELAM	2201335678	3785	
6	HIMANSHU CHAUDHARY	2002007633	3804	
7	ALAKCHENDRA TOMAR	3010030156	3820	
8	NEELESHTI WARI	9004004846	3880	
9	MOHIT SHEORAN	2201096466	3952	
10	PULIVARTHY CHARITA	8007021362	3960	
11	P SAHANA	8201017692	3977	
12	APARAJITA GUPTA	2201087541	3980	
13	AMARJEET KUMAR	3010085716	4000	
14	SACHIN PANWAR	2201119993	4006	
15	SIDDHARTH BHANDARI	2201303513	4009	
16	VAIBHAV GOEL	9004005575	4019	
17	KARTIK KUMAR	1601017536	4029	
18	SUMIT KUMAR SINGH	2201389829	4046	
19	MUNISH ARORA	7205714928	4060	
20	NEERAJ KAURAV	6005020763	4117	
21	VISHU JAIN	2201048726	4122	

22	ASHWANI KUMAR	2201302867	4148
23	MOHAMMED ADIL KHAN	3010080983	4158
24	MANAS RANJAN MEHER	4609000776	4159
25	DEEPAK SOLANKI	2201255669	4173
26	ANKIT KUMAR	3206039747	4191
27	SATANIK HUDATI	4410072246	4199
28	NISKARSH SINGHAL	6005015672	4203
29	AAYUSHI	1601067054	4210
30	SAHIL HOODA	2201027034	4215
31	DEEPAK KUMAR	3206107788	4216
32	AKSHAY NAIR	9211000123	4228
33	RAGHAV CHAWLA	2201337979	4248
34	ANKUR	2201136361	4250
35	SHRIKANT DUBEY	2201052928	4260
36	ANKIT TAYA	1601044982	4265
37	P S ABINAY	9001034481	4267
38	AMANJOT KAUR	1601062408	4295
39	SANJU	2201046881	4297
40	ALAN ROY	9009001438	4301
41	SANGEETA	2201235664	4306
42	AJIT SINGH	2201219866	4324
43	ANUJ	3011037689	4334
44	SANJAY PAUL	4415002680	4346
45	NILAKSH BANSAL	2201178461	4349
46	SANJEET KUMAR	3013015263	4370
47	ANSHUL TIWARI	2405048090	4371
48	ALBIN SAMUEL	9009000750	4383
49	SHUBHAM KUMAR AGARWAL	2405007555	4395
50	ADITHYA K C	8201008242	4396
51	CAPRIL ARORA	2201070461	4414
52	ABHISHEK MISHRA	2201118940	4422
53	DHEERAJ KUMAR PANDEY	3003071806	4446
54	PARTHA SARATHI KAR	4604008841	4448
55	AMAN ANAND	2201051680	4456
56	RAHUL KUMAR TIWARY	4410013703	4467
57	AKSHAY BANSAL	2201005375	4475
58	PARVESH KUMAR	1601004551	4497
59	SOUMYADEEP ROY MUHURY	4410007093	4499
60	NISHA CHAUDHARY	2201144314	4518
61	VIJAY GULIA	2201326579	4525
62	NISHANT	3206132784	4529

26-07-2021

63	MOHD ATHAR	3010004163	4539	26-07-2021	
64	SOUMYAJIT MISHRA	4410074604	4545		
65	MUKESH KUMAR	2201201917	4548		
66	UTKARSH BANSAL	3001013920	4556		
67	CHANDRAPRAKASH DUVE	2405052260	4557		
68	ANKIT TIWARI	3010005462	4573		
69	APARNA GHOSH	4405002638	4577		
70	KASHISH GOYAL	2405054063	4581		
71	AARYAN SHUKLA	3009026468	4594		
72	ANKIT KUMAR	2201222605	4596		
73	SUDIPTO SAHA	2201313729	4599		
74	SUMIT KUMAR	2201192298	4604		
75	SMRITI GUPTA	2201192851	4605		
76	KUNAL	2201091292	4613		
77	ANUPAM KUMAR	2201162148	4991		
78	TARUN KUMAR	8206008003	5115		
79	SIMHADRI LEELA VENKATA SUBB	8201003527	5133		
80	SHREYA GUPTA	9001035103	5152		27-07-2021
81	NAVEEN KUMAR	2201293390	5174		
82	PRADEEP KUMAR	9008002257	5181		
83	PRAKHAR SINGH	5601000322	5183		
84	SHAILESH GHOSLIYA	2405079730	5195		
85	MADHUKAR VERMA	2201008950	5201		
86	ARPIT YADAV	3010047633	5206		
87	YOGESH	2201132529	5210		
88	DIVYA SAIN	2404006267	5219		
89	GOPI RAM JAT	2405063201	5238		
90	LAXMIKANT KUMAWAT	2405078139	5246		
91	PARUL CHAUDHARY	2405089265	5258		
92	BUROJI PRAVEEN KUMAR	8601011978	5266		
93	HARSHA S	9211013341	5270		
94	LALIT KUMAR	2201189216	5284		
95	VIKAS KUMAR TOMAR	2201267260	5288		
96	PRASHANT KUMAR	2201116385	5294		
97	KRISHNA KUMAR MAHALAWAT	2404007975	5297		
98	RAVI SAINI	2201073156	5303		
99	VANDANA SAINI	2005016854	5305		
100	AJIT YADAV	2201167116	5310		
101	GUMMALLA VINAY KUMAR	8008012616	5319		
102	GURUBACHAN SINGH	3001000216	6395		
103	HARSHIT KUMAR	7204707464	6564		

104	NIKITA KAMBLE	7205708448	6565
105	PRAMOD KUMAR BILONIYA	2405074623	6572
106	RAHUL SHARMA	4410039426	6586
107	KUMAR GAURAV	2201021549	6590
108	BHUPENDRA SINGH	3010069887	6605
109	SHWETA SINGH	2201041729	6611
110	SAURABH BEHWAL	2201085576	6612
111	ABHILASH KUMAR	2201142599	6618
112	ANKUR MONDAL	4410022373	6619
113	VIKASH KUMAR SINGH	2201032872	6625
114	P R NEENU	9212006843	6641
115	PRATEEK KUMAR	2201057017	6654
116	YOGESH VERMA	2405080522	6690
117	SRISHTI CHAUDHARY	6006002508	6693
118	MALAY PANGTEY	2003003595	6961
119	BIANGMON NONGDKHAR	5401003859	6969
120	SRIRAMA VENKATA GOPI	8008000905	6980
121	BHANU PRATAP SINGH	3010075691	6989
122	VIVEK TOPPO	4415008199	6990
123	PRIYA BHAGAT	2201405476	6991
124	ATISH KUMAR MEENA	2402014286	7005
125	BABU LAL MEENA	2405090771	7021
126	TARUN KUMAR MEENA	2201049881	7025
127	JYOTI KAPOOR	1601065585	7032
128	YOGESH MEENA	2405043992	7050
129	RAJEEV RANJAN	3206061695	7051
130	T KHAM MUAN SANG	2201001189	7054
131	RAHUL KUMAR MEENA	2405043674	7069
132	ANIL KUMAR MEENA	2405016058	7070
133	TEJASH MEENA	2405060908	7076
134	ABHINAV SRIVASTAVA	8401005681	7168
135	JAI PRAKASH SINGH	3010045331	7176
136	BINOJ CHERIYA KACHERY	9206001455	7273
137	VINOD KUMAR	2201146133	7311
138	SANTOSH KUMAR	3003039225	7349
139	ANIRUDHA SAHOO	4605009559	7350
140	SAHEER S	3010099073	7351
141	SMITRESH K	9212018616	7356
142	SUNIL YADAV	2201164080	7364
143	HAREESH S	9204020587	7369
144	PRABHU CHARAN U S	9211037499	7374

21-01-2021

145	PANKAJ YADAV	2201004307	7375	21-07-2021
146	SATYANARAYANA SOMIREDDI	8007010172	7384	
147	SHAH NAWAZ ALAM	2201256271	7385	
148	SYAM RAVEENDRAN	9204014535	7386	
149	MANOJ M I	9211000756	7388	
150	K SAMBASIVAJI VIYYAPU	8008001295	7392	
151	PLABAN SIKDAR	4410081632	7400	
152	SAKTHIDASAN KR	2201100995	7408	
153	SHASHIKANT KUMAR	8601047938	7423	
154	S M SATYA SRAVANTH	8006015613	7430	
155	NAKKA ANAND	8007017593	7439	
156	SMRUTIMANYAM MISHRA	4604031704	7467	
<b>PROVISIONAL ZONE ALLOCATION OF TA</b>				
157	NEETU KUMARI	3206058046	5318	

2. While reporting, the candidates are required to submit the duly filled in Attestation forms available on Chennai Commissionerate website <http://www.centralexcisechennai.gov.in/> in **Three sets** without fail along with **original** certificates in proof of:

- a) Date of Birth
- b) Educational Qualifications
- c) Community Certificate, if applicable
- d) PH/ Ex- Serviceman Certificate, if applicable
- e) Aadhaar Card and Pan Card
- f) Any other relevant document (which the candidate feels is necessary)

3. The candidates are required to bring the attestation forms along with the Identity certificate and Character certificate duly attested from three different Gazetted Officers who have known the candidate for a minimum of two years. Available on Chennai Commissionerate website <http://www.centralexcisechennai.gov.in/>

4. The candidates are also required to undergo the prescribed medical examination. Hence, they are hereby directed to produce the "**Medical Certificate of fitness on first entry into Government Service**" in the **enclosed Performa**, obtained from a **Medical Officer not below the rank of Civil Surgeon** at their own cost.

5. In the event of not reporting on the prescribed date for the above test, 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. Please visit the website of GST and Central Excise Chennai Commissionerate <http://www.centralexcisechennai.gov.in/> for more information.

7. Also, if the candidate has been issued with any Show Cause Notice (SCN), the reply of SCN along with proof of having sent the reply to the SSC should be brought at the time of verification without fail.

8. The candidates are also required to come prepared to stay as per the enclosed advisory Instructions. It may be noted that the candidates have to make their own arrangements for boarding and lodging during the stay.

9. No travelling or other expenses will be paid by the Department for attending Certificate verification.

10. As per DOPT's instructions, physically handicapped candidates have to submit a Disability Certificate issued by the competent authority in the prescribed format. The competent authority for issue of the Disability Certificate shall be a Medical board duly constituted by the Central or State Government. Certificate not conforming to the prescribed format will not be accepted.


11. It may please be noted that any request from the candidates for rescheduling of dates will not be entertained.

**Address for Reporting:**

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

Timing: 10:00 A.M.

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

  
(B SENTHILVELAVAN) 12/07/21  
ADDITIONAL COMMISSIONER

**Copy to:**

1. The Superintendent (Computer Section), Chennai North, **for displaying on official website.** ✓

		WARNING	
Affix signed passport size (5 cm x 7 cm) copy of recent photograph)		1	The furnishing of false information or suppression of any factual information in the attestation form would be disqualification and is likely to render the candidate unfit for employment under the Government.
		2	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 early, failing which it will be deemed to be a suppression of factual 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/ he service 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 of surname.)	SURNAME	NAME
2	Present address in full (i.e. Village, Thana and Distt. Or House No., Lane / Street Road and Town)		
3(a)	Home address in full (i.e. Vill., Thana and Distt. Or House No., Lane / Street / Road and Town have of Distt. Hqr.		
3(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	Aadhar Card No (if available)		
5	Pan No (if available)		
6	Nationality		
7(a)	Date of Birth		
7(b)	Present Age		
7(c)	Age at Matriculation		
8(a)	Place of birth: District and state in which situated		
8(b)	District and state to which you belong		
8(c)	District and state to which your father originally belong		

9(a)	Your Religion -						
9(b)	Are you a member of a Scheduled Caste/Scheduled Tribe/Other Backward Classes ? (Answer Yes or No )						
10	Particulars of places (with period of residence) 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 attaining the age of 21 years should be given.						
	From	To	Residential address in full (i.e. Village, Thana & District or House No. & Street / Road and Town			Name of the District Hqtr., of the place mentioned in the preceding column	
11		Name (in full & aliases, if any)	Nationality (by Birth & or by domicile)	Place of birth	Occupation (if employed give designation & 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 sons and / or daughters 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 place of education with years in schools and colleges since 15th years 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 the Central Govt. or State Govt. or a quasi-Govt. body or an Autonomous body or a public undertaking, or a private firm or institution? If so, give full particulars with dates of employment up to date				
	Period		Designation, emoluments and nature of Employment	Full name and address of employer	Reasons for leaving previous service
	From	To			
14(b)	If the previous employment was under the Govt. of India / State Govt./an undertaking owned or Controlled by the Govt. of India or a State Govt. an Autonomous Body / University / Local Body  If you had left service on giving one month's notice under Rule 5 of the Central Service (temporary service) Rules 1965 or any similar corresponding rules, were any disciplinary proceeding framed against you, or had you been called upon to explain you conduct in any matter at the time you gave notice of termination of service or at a subsequent date (s) before your service actually terminated?				
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 in any court of law)		Yes/ No	
	(d)	Is any criminal 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 Government 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 examination / selection?		Yes/ No	

15 (ii)	If the answer to any of the above mentioned question is "Yes" (give full particulars of the case / arrest / detention / fine / conviction / 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	Names of two responsible persons of your locality or two references to whom you are known.	1	2
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**DECLARATION**

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.

I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of candidate:  
 Date:  
 Place:

**TO BE FILLED BY THE OFFICE**

(i)	Name, Designation and full address of the appointment authority
(ii)	Post for which the candidate is being considered

IDENTITY CERTIFICATE

Certified that I have known Shri / Smt/  
 Kum. \_\_\_\_\_ Son / Daughter of Shri  
 \_\_\_\_\_ for the last \_\_\_\_\_ years \_\_\_\_\_  
 months and to the best of my knowledge and belief, the particulars furnished by him/her  
 are correct.

Date :  
 Place :

Signature:  
 Designation / Status and  
 Address with seal

NOTE : THIS CERTIFICATE IS TO BE SIGNED BY ANY ONE OF THE FOLLOWING.

1. Gazetted Officers of Central or State Government.
2. Members of Parliament or State Legislature belonging to the Constituency where the candidate or his parent / guardian is Originally a resident
3. Sub-Divisional Magistrate / Officers
4. Tahsildars / Deputy Tahsildars authorized to exercise Magisterial powers .
5. Principal / Head Master of the recognized School(s) / College(s) / Institution where the candidate studied last
6. Block Development Officers
7. Post Masters
8. Panchayat Inspectors

I. CHARACTER CERTIFICATE

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

\_\_\_\_\_  
Son / Daughter of Shri \_\_\_\_\_ for the last  
\_\_\_\_\_ years \_\_\_\_\_ months and to the best of my knowledge and  
belief, he / she bears reputable character and has no antecedents which render him / her  
unsuitable for Government employment.

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

Date : Signature :  
Place : Designation :  
Seal :

II. CHARACTER CERTIFICATE

Certified that I have known Shri / Smt. / Kum. \_\_\_\_\_ Son  
/ Daughter of Shri \_\_\_\_\_ for the last \_\_\_\_\_  
years \_\_\_\_\_ months and to the best of my knowledge and belief, he /  
she bears reputable character and has no antecedents which render him / her unsuitable  
for Government employment.

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

Date : Signature :  
Place : Designation :  
Seal :

~~~~~

TO BE FILLED BY THE OFFICE

\_\_\_\_\_

**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.

# अनुबंध / ANNEXURE - 'B'

## उम्मीदवारों के बयान और घोषणा

### CANDIDATES STATEMENT AND DECLARATION

उम्मीदवार अपनी चिकित्सा जांच करने से पहले नीचे की आवश्यकता अनुसार बयान करना चाहिए और उससे संलग्न घोषणापत्र पर हस्ताक्षर करना चाहिए। उसके ध्यान नीचे नोट में निहित चेतावनी की ओर विशेष रूप से निर्देशित है।

The candidate must make the statement required below prior to his/ her medical examination and must sign the declaration appended thereto. His/her attention is specially directed to the warning contained in the note below: -

1. अपना पूरा नाम लिखिए (स्पष्ट अक्षरों में)  
State your name in full (in block letters)
2. अपनी उम्र और जन्म स्थान लिखिए  
State your age and place of birth
3. (क) यदि आप को कभी भी, चेचक, रुक रुककर होने वाले या किसी अन्य बुखार, ग्रंथियों की वृद्धि या पीप आना, रक्त का थूकना, अस्थमा, हृदय रोग, फेफड़ों की बीमारी, आमवात के आक्रमण से कमजोरी होना, पथरी की बीमारी हुआ है ?  
(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?  
(ख) किसी भी अन्य बीमारी या दुर्घटना जिस की वजह से बिस्तर पर आराम करने की और मेडिकल या सर्जिकल इलाज के लिए आवश्यकता होती है ?  
(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?
4. आप ने पिछली बार कब टीका लगाया था ?  
When you were last vaccinated?
5. आप या आपके किसी संबंधों स्कारफुला का खपत, गठिया, दमा, फिट्स, मिर्गी या पागलपन से पीड़ित हो गए हैं ?  
Have you or any of your near relations been afflicted with consumption scarfula, gout, asthma, fits, epilepsy or insanity?
6. अगर आप अधिक काम या किसी अन्य कारण के होने के कारण होरवौसनेस्स के किसी भी रूप से पीड़ित हो गए हैं?  
Have you suffered from any form of horvousness due to over work or any other cause?
7. पिछले 3 वर्षों के भीतर एक चिकित्सा अधिकारी / मेडिकल बोर्ड द्वारा आप की जांच करके क्या आप को सरकार सेवा के लिए अयोग्य घोषित किया गया है ?  
Have you been examined and declared unfit for Govt. service by a Medical Officer /Medical Board, within the last 3 years?
8. अपने परिवार के संबंध में निम्नलिखित विवरण प्रस्तुत करें। / Furnish the following particulars concerning your Family:-

| पिता की उम्र, यदि जीवित है तो, और उनके स्वास्थ्य की स्थिति<br>Father's age if living and state of health | पिता की मृत्यु के समय की उम्र और मौत का कारण<br>Father's age at death and cause of death | जीवित भाइयों की संख्या, उनकी उम्र और स्वास्थ्य की स्थिति<br>No. of brothers living, their ages & state of health | मृत भाइयों की संख्या, मृत्यु के समय की उम्र और मृत्यु के कारण<br>No. of brothers dead their age at death and cause of death |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                                                          |                                                                                          |                                                                                                                  |                                                                                                                             |

| माता की उम्र, यदि जीवित है तो, और उनके स्वास्थ्य की स्थिति<br>Mother's age if living and state of health | माता की मृत्यु के समय की उम्र और मौत का कारण<br>Mother's age at death and cause of death | जीवित बहनों की संख्या, उनकी उम्र और स्वास्थ्य की स्थिति<br>No. of sisters living, their ages & state of health | मृत बहनों की संख्या, मृत्यु के समय की उम्र और मृत्यु के कारण<br>No. of sisters dead their age at death and cause of death |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
|                                                                                                          |                                                                                          |                                                                                                                |                                                                                                                           |

मैं घोषणा करता /करती हूँ कि उपर्युक्त प्रश्नों के सभी उत्तर मेरी जानकारी और विश्वासके अनुसार सही हैं ।  
I declare all the above answers to be, to the best of my knowledge and belief, correct.

मैं यह भी सत्यनिष्ठा से समर्थन करता /करती हूँ कि मुझे किसी भी बीमारी या अन्य हालत के कारण एक विकलांगता प्रमाण पत्र / पेंशन नहीं मिला है ।  
I also solemnly affirm that, I have not received a disability certificate /pension on account of any disease or other condition.

उम्मीदवार का हस्ताक्षर  
CANDIDATE'S SIGNATURE

मेरी उपस्थिति में हस्ताक्षर किए हैं  
SIGNED IN MY PRESENCE

दिनांक / Date:

स्थान / Place:

कार्यालय सील / Office Seal

सील सहित चिकित्सा अधिकारी का हस्ताक्षर  
SIGNATURE OF MEDICAL OFFICER WITH SEAL

नोट: - उम्मीदवार ऊपर बयान की सटीकता के लिए जिम्मेदार ठहराया जाएगा। जानबूझकर किसी भी जानकारी को दबा ने के कारण उन्हें नियुक्ति को खोने का, और अगर नियुक्त किया गया है तो, सेवानिवृत्ति भत्ता या उपदान के लिए सभी दावे का अधिकार खो देने का जोखिम उठाना होगा ।

Note: - The candidate will be held responsible for accuracy of the above statement. By the willfully suppressing any information he/she will incur the risk of losing the appointment, and if appointed, of forfeiting all claim to superannuation allowance or gratuity.

चिकित्सा प्रमाण पत्र  
MEDICAL CERTIFICATE

मैं इसके द्वारा प्रमाणित करता हूँ कि मैंने .....विभाग में रोजगार के लिए एक उम्मीदवार ..... की जांच की है, और ..... को छोड़कर किसी भी रोग (संचारी या अन्यथा) संवैधानिक कमजोरी, या दुर्बलता का खोज नहीं कर सकता, मैं इसको कार्यालय में रोजगार के लिए एक अयोग्यता नहीं मानता हूँ। उसकी उम्र उसके स्वयं के बयान के अनुसार .....साल है और आकार से करीब .....साल है।

I hereby certify that, I have examined .....a candidate for employment in the .....Department, and cannot discover that has any disease (communicable or otherwise) constitutional weakness, or infirmity except .....I do not consider this a disqualification for employment in the office of the .....His /her age is according to his/her own statement .....years and by appearance about .....years.

दिनांक / Date:

स्थान / Place:

कार्यालय सील / Office Seal

सील सहित चिकित्सा अधिकारी का हस्ताक्षर  
Signature of the Medical Officer with seal

AFFIX PHOTO

SIGNATURE OF THE CANDIDATE