

	<p>केंद्रीय शुल्कके प्रधान आयुक्त का कार्यालय OFFICE OF THE PRINCIPAL COMMISSIONER OF CENTRAL TAX हैदराबाद जीएसटीआयुक्तालय HYDERABAD GST COMMISSIONERATE जीएसटी भवन, एल बी स्टेडियम रोड, बशीर बाग, हैदराबाद-500 004 GST BHAVAN, L B STADIUMROAD, BASHEERBAGH, HYDERABAD-04 Phone No.040-23241117 / 23240725 Fax No. 040-23299204 e-mail:cgst.hydcommr@gov.in</p>	<p>IS 15700 : 2005 Certified Commissionerate</p>
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C.No. II/3/39/2021- Estt (CCA)

दिनांक Dated: 29.09.2021

Sub:- Allocation of candidates through Staff Selection Commission, Combined Graduate Level Examination, 2018 to the post of Inspector in Central Tax & Customs, Hyderabad Zone- Intimation of date and venue of Physical Endurance Test and Document Verification- Reg.

The Central Board of Indirect Taxes and Customs (CBIC), New Delhi vide letter F.No. A-12034/SSC/02/2018-Ad.III.B dated 15.09.2021 has allocated 90 candidates for the post of Inspector of Central Tax & Customs to Hyderabad Zone (common cadre of Hyderabad/Visakhapatnam Zone) based on the results of the Combined Graduate Level Examination, 2018, conducted by the Staff Selection Commission.

2. All candidates are required to undergo the physical endurance test as per the norms fixed for the post of Inspector and appear for document verification, as per the schedule given below:-

Schedule

Batch	Date	Name of the Event	Time and Venue
Batch-I	21.10.2021	<ul style="list-style-type: none"> Physical Test Document Verification 	To report by 06:30 AM on 21.10.2021 at GST Bhavan, Basheerbagh, Hyderabad
Batch-II	22.10.2021	<ul style="list-style-type: none"> Physical Test Document Verification 	To report by 06:30 AM on 22.10.2021 at GST Bhavan, Basheerbagh, Hyderabad

3. Further, candidates are required to bring along with them the following **Original Documents** and two self- attested copies each of the said documents:-

1	Secondary/Higher secondary Certificate (For verification of date of Birth)
2	Certificate of Educational Qualifications.
3	Caste Certificate (As specified in the SSC CGLE-2018 Notification dated 05.05.2018 (Annexure-VI/ Annexure-VII)).
4	PH Certificate (As specified in the SSC CGLE-2018 Notification dated 05.05.2018) (For persons with disabilities only (Annexure-VIII(Form-II/IV))).
5	NOC 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.
6	Discharge Certificate in case of Ex-Servicemen (Annexure-IV/V).
7	Aadhar Card and PAN Card.

8	Other certificates relating to Age relaxation (Annexure-III) and relaxation in Height or Chest Measurements (Annexure-IX), if applicable.
9	Four passport size photographs (As given in the application form of the Combined Graduate Level examination - 2018).

4. Candidates, who are already working in the same Ministry / Department at similar post (Inspector CGST, PO, and Examiner) and want to avail exemption from the Physical and Medical Test, should produce a certificate from the current employer regarding passing the Physical and Medical Test. Certificate should be obtained with reference to this Notice.

5. In the event of not reporting on the prescribed date for the Physical Endurance Test /Document Verification, without submitting a bona-fide proof, it will be construed that the candidate is not interested in accepting the post in the department and his/her nomination will be treated as cancelled.

6. Further, candidates are directed to fill in the enclosed Attestation form including Identity Certificate & Character Certificate, properly. The same should be produced during Document Verification. Four sets of duly filled in Attestations forms including identity certificate and two sets of character certificate are to be submitted.

7. Candidates should make their own travel and stay arrangements. No Travelling/Daily allowance is admissible for any journey undertaken or stay made on this account to/ from this office. The candidates are also advised to come prepared to stay for more working days for completion of the required formalities.

8. In view of the prevailing COVID-19 pandemic situation, the candidates are directed to undergo COVID-19 test just few days before attending for this purpose and the proof of the same may be submitted to this office at the time of reporting for physical endurance test and also submit the COVID vaccination certificate.

9. The candidates are directed to submit Physical Fitness & Medical Certificate, Colour Blindness Certificate and candidate statement & declaration in Annexure-II, issued/certified by a Civil Surgeon or District Medical Officer or Equivalent rank, in prescribed proforma at the time of Document Verification.

10. Attestation forms and other relevant proformas can be downloaded from official website <https://cgsthyderabadzone.gov.in/>.

11. Hindi version follows.

Encl: Details of individuals of each Batch.

[Handwritten Signature]
29/9/2021
JOINT COMMISSIONER (CCA)

To
The Individuals (as per list attached).

BATCH-I**(Physical Endurance Test & Documents Verification will be held on 21.10.2021)**

S. NO	Rank	Roll No	NAME (Shri./Ms.)	Date of Birth
1	43	8601063122	G.Sreehari	03.07.1996
2	168	8601001856	Chava Pooja Bhargavi	26.04.1991
3	170	8601032644	Madarapu Srikanth	04.08.1994
4	279	8601080194	Y.Lalitya	09.06.1991
5	404	8201024786	Gopireddy Praneeth Reddy	11.08.1994
6	651	8001008010	Thokala Rakesh	03.01.1996
7	654	8603009081	Pakala Avinash Reddy	10.08.1992
8	710	8006012873	Pokala Kiranmayi	07.11.1993
9	772	8601008852	Lenkala Pradeep Kumar Reddy	17.01.1991
10	856	8601059543	Katighar Rahul	25.08.1992
11	888	8601059298	Alugubelly Sri Charan Reddy	14.08.1995
12	944	8601078759	Syed Salman Hyder	20.01.1990
13	1122	8001005240	Mendu Naga Sai Gopal	31.08.1995
14	1195	8601057834	Kusetty Anjaneyulu	20.08.1993
15	1234	8601036303	Venigalla Siri Chandana	20.11.1994
16	1257	8004002753	Bommisetti S K Sailendra Kumar	04.06.1992
17	1298	8601085323	Neelakantam Navitha	21.08.1994
18	1306	9001022187	Krishna Koushik Kolaparthi	17.02.1994
19	1318	6006004310	Harshawrdan Singh Parmar	02.04.1994
20	1345	2405025373	Sourabh Saxena	23.10.1992
21	1363	8007007141	Tejomurthula Venkata Satish	24.07.1996
22	1373	8601067983	Valluru Himabindu	21.12.1995

23	1384	2201254003	Brijesh Sharma	23.10.1993
24	1396	1402000937	Ravi	19.12.1993
25	1421	8007019733	Lalisetty Gowtham	04.01.1995
26	1422	8601054764	B Ravi Kiran Reddy	11.03.1994
27	1452	8601078544	Regatte Sai Kiran Reddy	26.01.1995
28	1525	8601073372	Yerasi Venkata Subba Anurag Reddy	01.06.1996
29	1537	8601028894	Peela Chiranjeevi Chaitanya	05.05.1992
30	1549	9001019200	Devareddy Reddy Prasad Reddy	06.07.1993
31	1607	8006005451	Kommineni Dileep Kumar	18.10.1994
32	1628	8603005391	Thumma Rohith Paul Reddy	16.06.1992
33	1646	8601070466	Yeshwanth Reddy N	03.10.1992
34	1710	2201216871	Amit Shukla	08.07.1996
35	1719	8601068079	Dhanapala Gopi	03.07.1993
36	1781	2201076514	Upma	18.05.1997
37	1816	6006102917	Vinay Kumar Kesharwani	20.06.1993
38	1836	8601067261	Chinthapalli Priyanka	09.03.1993
39	1847	8601012820	Dhandu Ravindra Reddy	10.08.1994
40	1880	8003009589	Alamuru Koushik Reddy	21.05.1996
41	1890	8601001172	Bikumalla Manish	13.05.1994
42	1894	8601055655	Kasaram sai Harsha	27.10.1995
43	1900	8601007891	Bhavana	12.02.1992
44	1919	3009307554	Vipul Sharma	17.03.1996
45	1924	8601008498	Marni Sai Venkata Appaji	07.06.1992

BATCH-II**(Physical Endurance Test & Documents Verification will be held on 22.10.2021)**

S. NO	Rank	Roll No	NAME (Shri./Ms.)	Date of Birth
46	1932	8601003801	Appari Tarun Kumar	07.04.1992
47	1948	2201351167	Mani Babu Dabbada	16.08.1994
48	1963	2201342999	M Sai Charitha	02.03.1995
49	1982	2201326414	Deepak Bishnoi	15.12.1996
50	1997	8006009588	Burlakunta Syamsundararaju	15.08.1992
51	2014	2201249983	Kanakadandi Guru Kalyan	10.03.1993
52	2036	2411003605	Sameer Mittal	04.09.1995
53	2060	8601071988	Kondapuram Saibaba Reddy	04.01.1992
54	2077	8601059607	Rahul Singh Kushwah	05.06.1995
55	2107	3009006681	Mohd Husain	12.04.1993
56	2145	8601057043	Yamini Talluru	11.11.1989
57	2146	9008000448	Nitesh Pratap Singh	11.11.1989
58	2148	2407004742	Naveen Jain	05.08.1995
59	2150	2201132437	Ankit	17.12.1995
60	2153	8601021504	Padukote Gajanand	14.08.1990
61	2155	8601039918	Koripelly Sriniketh Reddy	19.09.1994
62	2170	3009019423	Chitij Piplani	20.09.1994
63	2174	9001010302	Yeddula Jyothsna Reddy	14.06.1991
64	2177	6006001612	Chandan Kushwaha	31.10.1993
65	2179	3001000732	Yadvir Singh Sikarwar	05.05.1995
66	2181	3010025588	Alok Kumar Mishra	26.12.1993
67	2185	6005100903	Suryansh Pundhir	31.12.1996

68	4580	2201367443	Mohd. Haroon	03.11.1993
69	4594	9001029529	Mohammad Zeeshan	24.06.1995
70	4642	8201003057	Logesh S	07.09.1993
71	4747	3010602541	Saurabh Patel	04.09.1993
72	6098	8601081278	G S Dinesh Naik	12.01.1996
73	6985	8001003350	Meda Siva Nageswara Rao	14.08.1990
74	7314	8601010659	Mudavathu Vamshi Sai Chouhan	22.05.1997
75	7747	8601000263	Jagan Ramavath	15.09.1993
76	7752	8004004996	Motukuri Shiva Ram	01.10.1991
77	7765	8601026575	Eslavath Jyoshna	19.06.1993
78	7990	8601034845	Guguloth Mothilal	12.08.1998
79	8123	8603007523	Vankudoth Abhishek Naik	01.05.1993
80	8242	8601083550	Katravath Manoj	24.03.1995
81	8304	8601064261	Shri Man Meena	04.06.1996
82	8394	8006000191	Obili Harish Kumar	14.06.1992
83	8508	2405080891	Kamlesh Kumar Meena	03.07.1995
84	8514	2405093485	Ajeet Gunavat	23.03.1998
85	8523	2201047136	Rakesh Meena	05.11.1994
86	8525	2405078929	Saurabh Kumar Meena	20.12.1991
87	8688	4410020488	Arnab Chatterjee	27.09.1989
88	9433	8601025313	Latha J R	08.11.1984
89	10344	4410038259	Atashi Ray	09.10.1982
90	10408	4604000593	Soumya Ranjan swain	20.12.1993



ATTESTATION FORM

PASSPORT SIZE PHOTOGRAPH	<u>WARNING</u>
Affix signed passport size (5 cms x 7 cms approx. copy) of recent photograph	<ol style="list-style-type: none">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, fined 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 service would be liable to be terminated.

1. **Name in Full** **NAME** **SURNAME**
(IN BLOCK LETTERS)

2. **Present address** in full
(i.e., Village, Thana and
District, or House Number,
Lane/ Street/ Road and Town)

3.(a) **Home address** in full
(i.e. Village, Thana &
District or House Number,
Lane/Street/ Road & Town and
Name of the District Hqrs.)

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. Aadhaar Card No.:

5. PAN Card No.

6. Nationality:

7.(a) Date of Birth :

(b) Present Age :

(c) Age of Matriculation :

8. a) Place of birth, District & State :
in which situated

b) District & State to which :
you belong

c) District & State to which :
your father originally belongs

9. a) Your religion :

b) Are you a member of a :
Scheduled Caste/ Scheduled
Tribe/ OBC Answer Yes or No

c) If the answer is Yes, state the name of the Caste thereof:

10. Particulars of places (with periods 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., Lane/ Street/Road & Town)	Name of the District Hqrs. of the places 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 and office address)	Permanent Home Address
Members of Family	1	2	3	4	5
Father					
Mother					

Spouse					
Brother/s					
Sister/s					

12. Information to be furnished with regard to son(s) and daughter(s) in case they are studying/living in a foreign country.

Name	Nationality (By birth and / or by domicile)	Place of Birth	Country in which studying/ living with full address.	Date from which studying/living in the country mentioned in previous column.

13. Educational Qualifications showing places of education with years in Schools & Colleges i.e., from S.S.C./ Matriculation /10th and onwards:

Examination Passed	Name of the School/ College	Date of Entry	Date of Leaving	Name of Board / University with Full Address

14 (a) Are you holding or have any time held an appointment under the Central or State Government or a semi-Government or Quasi-Government body or an autonomous body, or a public sector 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 & address of employer	Reasons for leaving previous service
FROM	TO			

14 (b) If the previous employment was :
under the Government of India/
a State Govt./ undertaking owned
or controlled by the Govt. of India/
State Govt./ an autonomous body/
University/Local body:

If you had left service on giving a month's
notice under rule 5 of the Central Civil
Services (Temp.Services Rules)
1965, or any similar corresponding
rules. Were any disciplinary
proceedings framed against you, or
had you been called upon to explain
your conduct in any matter at time
you gave notice of termination of
service, or at a subsequent date(s), before
your service actually terminated?.

15(i) Answer in 'YES or NO'

- | | | |
|-----|--|----------|
| (a) | Have you ever been arrested ? | YES / NO |
| (b) | Have you ever been prosecuted ? | YES / NO |
| (c) | Have you ever been kept under detention ? | YES / NO |
| (d) | Have you ever been fined by a Court of Law ? | YES / NO |
| (e) | Have you ever been bound down ? | YES / NO |
| (f) | Have you ever been convicted by a Court
of Law for any Offence ? | YES / NO |
| (g) | Have you ever been debarred from any
examination or restricted 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 |
| (i) | Is any Case pending against you in a
Court of Law at the time of filling this
Attestation Form ? | YES / NO |
| (j) | Is any Case pending against you in any
University/Institution or any other educational authority/
Institution at the time of filling this
Attestation Form? | YES / NO |
| (k) | Whether discharged/expelled/withdrawn from any training
/Institution under the Government or otherwise? | YES / NO |

15 (ii) If the answer to any of the above mentioned questions 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 this Attestation Form:

	(i) Please also see the 'WARNING' at the top of this Attestation Form
	(ii) Specific answers to each of the questions should be given by striking out 'YES' or 'NO' as the case may be.

16. Name and Address of the two responsible Persons of your locality or two references to whom you are known:

(i).

(ii).

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 the full right to terminate my appointment letter and I am also liable for appropriate criminal/civil action as a consequence.

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

Signature of the Candidate

Date :

Place :

IDENTITY CERTIFICATE

Certificate to be signed by any one of the following:

- i) Gazetted Officers of Central or State Government :
- ii) Members of Parliament or State Legislature :
belonging to the Constituency where the
Candidate or his parent/ guardian is
ordinarily residing
- iii) Sub Divisional Magistrate/Officer/
Block Development Officers :
- iv) Tahasildars or Naib/Deputy Tahsildars :
authorized to exercise Magisterial Powers
- v) Principal/ Head Master of the Recognized :
School / College / Institution were the candidate
Studied last
- vi) Registrar/Deputy Registrar/
Assistant Registrar of University :
- vii) Post Masters :
- viii) Panchayat Inspectors/Mukhiya/Pradhan/Sarpanch :

Certified that I have know Shri/ Smt/ Kum _____
Son / Daughter of Shri _____, for the last _____
years _____ 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

• • • • •

CERTIFICATE

Certified that I know Shri/Smt/Kum _____
Son/ Daughter of Shri_____for the last
_____years_____months and that to the best of my knowledge and
belief he/she bears a respectable character and has no antecedents which render him/her
unsuitable for Government employment.

Shri / Smt./ Kum._____is not
related to me.

Place :

Date :

SIGNATURE AND DESIGNATION
OF THE GAZETTED OFFICER .

CERTIFICATE

Certified that I know Shri/Smt/Kum _____
Son/ Daughter of Shri_____for the last
_____years_____months and that to the best of my knowledge and
belief he/she bears a respectable character and has no antecedents which render him/her
unsuitable for Government employment.

Shri / Smt./ Kum._____is not
related to me.

Place :

Date :

SIGNATURE AND DESIGNATION
OF THE GAZETTED OFFICER .

ANNEXURE – III

**DECLARATION TO BE OBTAINED FROM NEW ENTRANTS TO THE GOVERNMENT
SERVICE**

I Shri/Smt/Kum _____

Declare as under:

- (1)* That I am un-married/ a widower/ a widow
- (2)* That I am married and have only one spouse living
- (3)* That I have entered in to or contracted a marriage with a person having a spouse living Application for grant of exemption is enclosed.
- (4)* 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.

Place :

Date :

SIGNATURE OF THE CANDIDATE

- Please strike out the clause/ clauses not applicable.

CERTIFICATE OF PHYSICAL FITNESS

I have carefully examined Sri/Smt _____
S/o/D/o/ W/o _____ a candidate for
Employment under the Government of India, Central Excise Department as
_____ and cannot discover that he/she has any disease, communicable or
otherwise constitutional affection or bodily infirmity except that his/her weight is in
excess/below the standard prescribed or except _____. I do not
consider this a disqualification for the employment in the office of the Central Excise
Department.

I do further certify that in my opinion his/ her general physical condition is such that it
will enable him/her to perform the duties of executive services efficiently.

His/her age according to his/ her own statement is _____ years and by
appearance about _____ years, I also certify that he has make of small pos
vaccination.

He/she is FREE FROM ANY COMMUNICABLE DISEASE.

Chest Measurement in Cms:

On full inspiration :

On full expiration :

Height _____ Weight _____

His/ her vision is normal _____

Hypermetropic (_____)
Enter the degree of defect and the strength of correction glasses

Myopic (_____)
Enter the degree of defect and the strength of correction glasses

Astigmatic (Simple or mixed (_____)
Here enter the degree of defect and strength of correction glasses.

Hearing is normal/defective (much or slight)

Urine: Does Chemical examination show 1. Albumin, 2. Sugar, 3. State specific gravity

Personal Marks of Identification :

1.

2.

SIGNATURE OF THE MEDICAL OFFICER

Date :

Place :

SIGNATURE OF THE CANDIDATE

ANNEXURE – II
CANDIDATE’S STATEMENT AND DECLARATION

The candidate must fill the below columns prior to his/her Medical Examination and must sign the declaration appended thereto. His/her attention is specifically drawn to the warning contained in the NOTE below:

1. State your name in full :
(In Block Letters)
2. State your age and place of Birth :
3. (a) Have you ever had small-pox intermitten :
or any other fever enlargement or suppruation
of glands spitting of blood, asthama 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 or any of your near relations been :
affected with Consumption of Orofula, gout,
asthama, fits epilepsy or insanity.
6. Have you been examined and declared Unfit :
for Govt. Service by a Medical Officer/ Medical
Board within last 3 years.
7. Have you suffered from any form of Nervousness :
due to overwork or any other cause.
8. Furnish the following particulars Concerning :
your family

Father’s age if Living and state of his health	Father’s age at the time of death and the cause of his death	No. of brothers living, their age & state of health	No. of brothers dead their ages at death & causes of death.
--	--	---	---

I declare that all the particulars filled in the above columns are true and correct to the best of my knowledge and belief.

I also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other conditions.

Signed in my presence

SIGNATURE OF THE CANDIDATE

SIGNATURE OF THE MEDICAL OFFICER

NOTE: The candidate will be held Responsible for the accuracy of the above statement, willful suppression of any information by the candidate will incur the risk of losing the appointment and if appointed forfeiting of all claims of Superannuating pension and Gratuity.

MEDICAL CERTIFICATE TO BE FURNISHED FOR APPOINTMENT TO THE POST OF INSPECTOR

Name of the Candidate:		Paste a recent passport size photograph
Roll No.		
Rank No.		
Signature of the Candidate		
Left Thumb Impression		
		(Photo to be attested by the Medical Officer)

FREE FROM COLOUR BLINDNESS CERTIFICATE

Certified that I have examined Mr/Ms ----- whose signature is appended above, and certify that his/her colour vision is Normal/Defective (strike of which is not applicable)

Place		Name	
Date		Reg. No.	

FORMAT FOR SC/ ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his claim an attested/ certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India)

This is to certify that Shri/Shrimati/Kumari* _____
son/daughter of _____ of village/town/* in
District/Division * _____ of the State/Union Territory* _____
belongs to the Caste/Tribes _____ which is recognized as a Scheduled
Castes/Scheduled Tribes* under:-

The Constitution (Scheduled Castes) order, 1950 _____

The Constitution (Scheduled Tribes) order, 1950 _____

The Constitution (Scheduled Castes) Union Territories order, 1951 * _____ The
Constitution (Scheduled Tribes) Union Territories Order, 1951* _____

As amended by the Scheduled Castes and Scheduled Tribes Lists(Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area(Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956 _____

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes order (Amendment Act), 1976*.

The Constitution (Dadra and Nagar Haveli) Scheduled Castes order 1962.
 The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962@.
 The Constitution (Pondicherry) Scheduled Castes Order 1964@
 The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @
 The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@
 The Constitution (Goa, Daman & Diu) Scheduled Tribes Order 1968 @
 The Constitution (Nagaland) Scheduled Tribes Order, 1970 @
 The Constitution (Sikkim) Scheduled Castes Order 1978@
 The Constitution (Sikkim) Scheduled Tribes Order 1978@
 The Constitution (Jammu & Kashmir) Scheduled Tribes Order 1989@
 The Constitution (SC) orders (Amendment) Act, 1990@
 The Constitution (ST) orders (Amendment) Ordinance 1991 @
 The Constitution (ST) orders (Second Amendment) Act, 1991@
 The Constitution (ST) orders (Amendment) Ordinance 1996
 The Scheduled Caste and Scheduled Tribes Orders(Amendment)Act,2002
 The Constitution (Scheduled Caste) Orders (Amendment) Act,2002
 The Constitution (Scheduled Caste and Scheduled Tribes) Orders (Amendment)Act,2002

%2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled tribes certificate issued to Shri/Shrimati _____Father/mother _____ of _____
 Shri/Srimati/Kumari* _____ of village/town* _____
 _____ in District/Division* _____ of the State/Union Territory* _____
 _____ who belong to the _____ Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the _____ dated _____.

%3. Shri/Shrimati/Kumari and /or * his/her family ordinarily reside(s) in village/town* _____ of _____ District/Division* _____ of the State/Union Territory of _____

Signature_____

** Designation_____

(with seal of office)

Place_____

Date_____

* Please delete the words which are not applicable

@ Please quote specific presidential order

% Delete the paragraph which is not applicable.

NOTE: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

** **List of authorities empowered to issue Caste/Tribe Certificates:**

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

(FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/ Smt./ Kumari _____ son/daughter of _____ of village/town _____

in District/Division _____ in the State/Union Territory _____ belongs to the _____ Community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____*. Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt (SCT) dated 8.9.1993**.

District Magistrate: _____

Deputy Commissioner etc.: _____

Dated:

Seal:

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**DISABILITY CERTIFICATE
(IN CASE OF AMPUTATION OR COMPLETE PERMANENT PARALYSIS OF
LIMBS AND IN CASES OF BLINDNESS)**

(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP size Attested Photograph (showing face only) of the person with disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt/Kum _____ Son/wife/daughter
of Shri _____ Date of Birth ____ ____ Age
_____ years, male/Female _____

(DD/ MM/ YY)

Registration No. _____ permanent resident of House No _____
Ward/Village/Street _____ Post Office _____ District _____
State _____

Whose photograph is affixed above, and am satisfied that :

(A) he/she is a case of:

- locomotor disability
- blindness

(Please tick as applicable)

(B) The diagnosis in his/her case _____

(A) He/She has _____% (in figure) _____ percent (in words)
permanent physical impairment/blindness in relation to his/her _____ (part of
body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate.

(Signature and Seal of Authorised Signatory of
notified Medical Authority)

Signature/Thumb impression
of the person in whose favour
disability certificate is issued.

DISABILITY CERTIFICATE
(In case other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size Attested
Photograph (showing face
only) of the person with
disability

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt/Kum _____ Son/wife/daughter of Shri _____ Date of Birth _____ (DD/MM/YY) Age _____ years, male/Female _____ Registration No. _____ permanent resident of House No. _____ Ward/Village/Street _____ Post Office _____ District _____ State _____ Whose photograph is affixed above, and am satisfied that he/She is a Case of _____ disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities (to be specified) and is shown against the relevant disability in the table below:-

S.No.	Disability	Affected part of the body	Diagnosis	Permanent physical impairment/mental disabilities (in %)
1.	Locomotor disability	@		
2	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	\$		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable)

2. The above condition is progress/non progress/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended/after _____ years _____ on this, and therefore this certificate shall be valid till _____
(DD) (MM) (YY)

@ e.g. Left/Right/both arms/Legs

e.g. Single eye/both eyes

\$ e.g. Left/Right/both ears.

4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority
(Name and Seal)
Countersigned

{ (Countersignature and seal of the
CMO/Medical Superintendent /Head
of Government Hospital, in case the
certificates issued by a medical authority who is not a
permanent servant (with seal)}

Signature/Thumb impression of
the person in whose favour
disability certificate is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer on the District.”

Form of Certificate for serving Defence Personnel (*Please see Para-5.6) of Notice for the Examination*)

I hereby certify that, according to the information available with me (No.) _____ (Rank) _____ (Name) _____ is due to complete the specified term of his engagement with the Armed Forces on the (Date) _____.

Place:

(Signature of Commanding Officer)

Date:

Office Seal:

UNDERTAKING TO BE GIVEN BY THE CANDIDATE COVERED UNDER PARA 5(F) OF NOTICE.

I understand that, if selected on the basis of the recruitment/ examination to which the application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/ retired/ discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Services and Posts rules, 1979, as amended from time to time).

I also understand that I shall not be eligible to be appointed to a vacancy reserved for ex-servicemen in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to ex-servicemen, except as per Department of Personnel and Training OM No. 36034/1/2014-Estt(Res) dated 14.08.2014.

I further submit the following information:

- a) Date of appointment in Armed Forces _____
- b) Date of discharge _____
- c) Length of service in Armed Forces _____
- d) My last Unit / Corps _____

(Signature of the Candidate)

Place:

Date:

**FORM OF CERTIFICATE TO BE SUBMITTED BY CENTRAL GOVERNMENT CIVILIAN
EMPLOYEES SEEKING AGE-RELAXATION**

(To be filled by the Head of the Office or Department in which the candidate is working).

(Please see Para 5.3 of the Notice)

It is certified that *Shri/Smt./Km. _____ is a Central Government Civilian employee holding the post of ----- in the pay scale of Rs. _____ with 3 years regular service in the grade as on closing date.

There is no objection to his appearing for Combined Graduate Level Examination, 2018.

Signature _____

Name _____

Office seal

Place:

Date :

*(*Please delete the words which are not applicable.)*

ANNEXURE-IX

FORM OF CERTIFICATE TO BE SUBMITTED BY THOSE CANDIDATES WHO
INTEND TO AVAIL RELAXATION IN HEIGHT OR CHEST MEASUREMENT

(Please see Note below Para 11 of the Notice for the Examination)

Certified that Shri _____ S/o Shri _____
is permanent resident of village _____, Tehsil/Taluka _____
District _____ of _____ State.

2. It is further certified that :

* Residents of entire area mentioned above are considered
as _____

(Garhwali, Kumaoni, Dogras, Marathas, Sikkimies) for relaxation in height
measurement for recruitment in the para military forces of the Union of
India.

* he / she belongs to Himachal Pradesh / Leh and Ladakh / Kashmir Valley /
North-Eastern States which is considered for relaxation in height
measurement for recruitment in the para military forces of Union of India.

* he / she belongs to Scheduled Tribe.

Signature

District Magistrate / Sub-Division Magistrate / Tehsildar

Date:

Place:

* Delete whichever is not applicable.