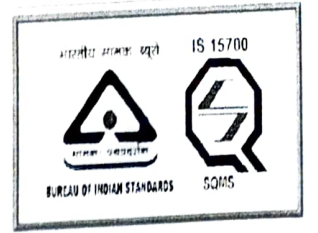




केन्द्रीय शुल्क के प्रधान आयुक्त का कार्यालय  
OFFICE OF THE PRINCIPAL COMMISSIONER OF CENTRAL TAX

हैदराबाद जीएसटी आयुक्तालय  
HYDERABAD GST COMMISSIONERATE

जीएसटी भवन, एल बी स्टेडियम रोड, बशीर बाग, हैदराबाद-500 004  
GST BHAVAN, L B STADIUM ROAD, BASHIER BAGH, HYDERABAD 04  
Phone No.040-23241117 / 23240725 Fax No. 040-23299204  
e-mail:cgst.hydcmmr@gov.in



IS 15700 : 2005 Certified Commissionerate

C.No. II/3/05/2020- Estt (CCA)

Dated: 02.09.2020

Sub:- Allocation of candidates through Staff Selection Commission, Combined Graduate Level Examination, 2017 to the post of Inspector in Central Tax & Customs, Hyderabad zone- Clarification on intimation of date and venue of Physical Endurance Test, Medical Examination and Document Verification- Reg.

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Please refer to this officer letter even no dated 20.08.2020 on the above subject. Further clarification on Medical Examination is hereunder:

- i. 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. The candidate who cannot submit above mentioned certificates at the time of document verification for valid reason may furnish the same on or before 21.09.2020 by Speed post, without fail.
- ii. Offer of Appointment will be issued only after receipt of the above referred original medical certificates.

ADDITIONAL COMMISSIONER (CCA)

To: The Candidates (through E-Mail)

Copy to: Computer Section for uploading in Official Website.

**Encl:** 1. Physical Fitness & Medical Certificate.

2. Colour Blindness Certificate.

3. Candidate Statement & declaration in Annexure-II.

## 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		
Right 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.	