



**Office of the Chief Commissioner of CGST, Central Excise & Customs, Nagpur Zone**

GST Bhavan, P.O. Box No. 81, Telangkhedi Road, Civil Lines, Nagpur - 440 001  
Telephone No.0712-2565375 Fax No.0712-2561887 ([cadrecontrol@gmail.com](mailto:cadrecontrol@gmail.com))

F.No.I(22)14/CCO/NZ /2018/Estt 12961 Nagpur, dated 24/07/2018

To,  
Mr./Ms

**Subject- Recruitment to the post of Tax Assistant under CBIC through Combined Graduate Level Examination, 2016 – reg.**

1. You have been nominated for appointment to the post of Tax Assistant & allocated to Cadre Controlling Authority, Pune on the basis of Combined Graduate Level Examination, 2016 conducted by Staff Selection Commission.

कर्मचारी चयन आयोग द्वारा आयोजित संयुक्त स्नातक स्तर परीक्षा-2016 के आधार पर कर सहायक, पद के लिये संवर्ग नियंत्रक अधिकारी पुणे के अंतर्गत आपको चयनित कर नियुक्ति के लिये आपका नामांकन किया गया है ।

2. You are directed to appear before the undersigned on 27.08.2018 at 10.00 A.M. for submission and verification of documents.

निर्देशित किया जाता है कि दिनांक 27.08.2018 को प्रातः 10.00 बजे अधोहस्ताक्षरी के समक्ष अभ्यर्थी दस्तावेजों के सत्यापन के लिए उपस्थित होना सुनिश्चित करें ।

3. The candidates are directed to submit the duly filled in Attestation Form (in three copies). A copy of blank Attestation Form is enclosed. The candidates shall get photocopied blank Attestation Form prior to filling it up and make entries in all the three forms in original. A recent photograph shall also be pasted on each form which should be self attested. All the entries should be made neatly and no column should be left blank. Further candidates are directed to bring the original certificates/documents related to their Date of Birth (matriculation certificate), Educational Qualification, Caste Certificate and Disability Certificate, whichever is applicable, along with 3 set of self attested photocopies of the same. The Caste Certificate and Disability Certificate should be in the prescribed format.

अभ्यर्थी को निर्देशित किया जाता है कि पूर्ण रूप से भरे हुये साक्ष्यांकन प्रपत्र (तीन प्रतियों में) प्रस्तुत करें । साक्ष्यांकन प्रपत्र की प्रति संलग्न है । अभ्यर्थी दिये गये प्रपत्र की छायाप्रति तीनों प्रपत्रों में मूल रूप से जानकारी भरें । तीनों प्रपत्रों में दिये गये स्थान पर अपनी पासपोर्ट आकार की फोटो लगायें एवं उसे स्वप्रमाणित भी करें । दिये गये सभी कॉलम में जानकारी साफ सुथरे तरीके से भरें एवं कोई भी कालम अपूर्ण नहीं छोड़ें । उसके साथ ही अभ्यर्थी को निर्देशित किया जाता है कि वे सभी दस्तावेजों यथा जन्म प्रमाण पत्र (हाईस्कूल सर्टिफिकेट), शैक्षणिक योग्यता, जाति प्रमाण पत्र, दिव्यांगता प्रमाण पत्र (जो भी लागू हो) की मूल प्रति के साथ तीन प्रतियों में स्वप्रमाणित छायाप्रति अपने साथ लायें । जाति प्रमाण पत्र एवं दिव्यांगता प्रमाण पत्र निर्धारित प्रारूप में होना चाहिये ।

4. Further, the candidates are directed to undergo medical examination with the reference to this letter and produce Medical Certificate of fitness for Government Service obtained from a Medical Officer not below the rank of Civil Surgeon or a District Medical Officer or Medical Officer of equivalent status of a Government Hospital, duly countersigned by proper authority wherever required, along with a copy of the "Statement and declaration" made before the CCO, Nagpur in the enclosed format duly signed by the issuing authority of the aforesaid certificate. Further, you are directed to get your recent photograph pasted on the medical certificate of fitness and get it verified by the said authorities.

अभ्यर्थी को यह भी निर्देशित किया जाता है कि पत्र के साथ संलग्न सिविल सर्जन सह स्वास्थ्य अधिकारी के नाम जारी पत्र के अनुसार अपना चिकित्सकीय परीक्षण कराकर शासकीय सेवा हेतु चिकित्सीय योग्यता प्रमाण पत्र जो कि सिविल सर्जन या जिला स्वास्थ्य अधिकारी अथवा समकक्ष स्तर के शासकीय चिकित्सालय के चिकित्सक द्वारा जारी तथा जहाँ आवश्यक हो सक्षम प्राधिकारी द्वारा प्रति हस्ताक्षरित हो को सी.सी.ओ.,नागपुर ज़ोन कार्यालय में प्रस्तुत करें । इसके साथ ही विवरण तथा घोषणा पत्र

की संलग्न प्रति को पूर्ण रूप से भरकर सक्षम प्राधिकारी द्वारा प्रति हस्ताक्षरित करवाना सुनिश्चित करें। साथ ही उक्त प्रमाण पत्र पर आपको नवीनतम पासपोर्ट साइज फोटो भी चिपका कर उसे संबंधित अधिकारी से प्रमाणित करवाना सुनिश्चित करें।

5. The candidates are directed to bring with them one of the original Photo Identity Card on the stipulated date.

अभ्यर्थी को निर्देशित किया जाता है कि वह निश्चित दिनांक एवं समय पर अपने साथ अपना मूल पहचान पत्र लायें।

6. No T.A. & D.A. will be admissible for the journey and candidates will have to arrange for their boarding and lodging.

अभ्यर्थी को अपने भोजन एवं रुकने की स्वयं व्यवस्था करनी होगी एवं वे किसी भी प्रकार के दैनिक/यात्रा भत्ता के पात्र नहीं होंगे।

7. In the event of non-reporting on the scheduled date and time, it will be presumed that the candidate is not interested in accepting the post of Tax Assistant in this Department and his candidature will be cancelled & his dossier will be returned to Staff Selection Commission. For more details see the website [www.cenexcisenagpur.nic.in](http://www.cenexcisenagpur.nic.in)

निर्धारित समय एवं दिनांक पर उपस्थित नहीं होने की दशा में यह माना जायेगा कि अभ्यर्थी इस विभाग में कर सहायक के पद पर नियुक्ति के लिये इच्छुक नहीं है। ऐसी स्थिति में उम्मीदवारी निरस्त करते हुये डोजियर कर्मचारी चयन आयोग को वापस कर दिया जायेगा। पूर्ण जानकारी हेतु विभागीय वेबसाइट [www.cenexcisenagpur.nic.in](http://www.cenexcisenagpur.nic.in) देखें।

संलग्न- उपरोक्तानुसार

प्रदीप डी  
24/7/16  
(प्रदीप गुरुमूर्ति)  
संयुक्त आयुक्त (सी.सी.ओ.)

Copy to

1. The Superintendent, Systems, with a request to upload the above said letter along with its enclosure and attached list to upload on [www.cenexcisenagpur.nic.in](http://www.cenexcisenagpur.nic.in)

**LIST ATTACHED**

SN	NAME	CAT	RANK
1	Archana Nagdali	GEN	4720
2	Anshul Panwar	GEN	4957
3	Vikas	GEN	4988
4	Virendra Singh	GEN	4995
5	Divya Gupta	GEN	5054
6	Renu Dabas	GEN	5056
7	Ashish Kumar	GEN	5077
8	Anu Anu	GEN	5079
9	Sumit	GEN	5097
10	Shashank Chauhan	GEN	5102
11	Aman Patel	GEN	5125
12	Nitin Joshi	GEN	5127
13	Laraib Hasan	GEN	5152
14	Chrirag Bhouker	GEN	5153
15	Akhilesh Silswal	GEN	5173
16	Prince Kumar	GEN	5174
17	Rocky	GEN	5192
18	Partibha Sangwan	GEN	5199
19	Tarun Sharma	GEN	5217
20	Kanika Bhatia	GEN	5224
21	Ankit Chaorasiya	GEN	5236
22	Akash Tyagi	GEN	5240
23	Shubham Choudhary	GEN	5258
24	Hemant Modi	GEN	5259
25	Romi Kumar	SC	7782
26	Saurabh Babu	SC	7844
27	Munesh Meena	ST	8371
28	Rohit Meena	ST	8383
29	Nishan Barua	ST	8390
30	Ramjeet Meena	ST	8413
31	Amrish Sharma	GEN	8880
32	Chinchumon K G	GEN	8937
33	Jamal Ahmed	OBC	8943
34	Nirmal Roy	GEN	8948

**ATTESTATION FORM****ANNEXURE-A**

Affix Signed Passport size (5 cms. x 7 cms.) approx. copy of recent photograph		<b>"WARNING"</b>  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 the 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/her services would be liable to be terminated.	
1.	Name in full ( <b>in block capitals</b> ) with aliases, if any, (Please indicate if you have added or dropped in any stage, any part of your name or surname)	Surname	Name
2.	Present Address in full (i.e. Village, Thana and District or House No. Lane/Street/Road & Town) along with PIN		
3.(a)	Home Address in full (i.e. Village, Thana and District or House No. Lane/Street/Road & Town) along with PIN and name of District Headquarters		
(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 Number (if available)		
5.	PAN Number (if available)		
6.	Nationality		
7.(a)	Date of Birth		
(b)	Present Age		
(c)	Age at Matriculation		
8.(a)	Place of birth district and state in which situated		
(b)	District and State to which you belong		
(c)	District and State to which your father originally belong		
9.(a)	Your Religion		
(b)	Are you a member of Scheduled Caste/ Scheduled Tribe/Other Backward Classes? (Answer: Yes/No)		
10.	Particulars of places (with period of residence) where you have resided for more than one year at a time during the proceeding 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 Headquarter of the place mentioned in preceding column.	
11.		Name in full & aliases if any.		Nationality (by birth & or by domicile)		Place of Birth	
(a) Father							
(b) Mother							
(c) Spouse							
12.		Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a foreign country.					
Name		Nationality (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 places of education with years in schools and Colleges since 15 <sup>th</sup> year 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 Central or State Government or a Semi-Government or a Quasi-Government body or an autonomous body or a Public Sector Undertaking or a private firm or institution? If so, give full particulars with date of employment up-to-date.					
Period		Designation, employments & Nature of employment		Full name & address of employer		Reasons for leaving previous service	
From To							
14.(b)		<p>If the previous employment was under the Government of India/State Government/ Undertaking owned or controlled by the Government of India or a State Government/and Autonomous Body/University/Local Body.</p> <p>If you had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) 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 the time you gave notice of termination of service, or at a subsequent dates(s), before your service actually terminated?</p>					

15(i)	<div style="display: flex; justify-content: space-between;"> <div>(a) Have you ever been kept under detention?</div> <div>Yes/No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(b) Have you ever been arrested?</div> <div>Yes/No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(c) Have you ever been prosecuted? (i.e. has a charge sheet in a criminal case been filed against you in any court of law)</div> <div>Yes/No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(d) Is any criminal case pending against you in any Court of Law at the time of filling up this Attestation Form?</div> <div>Yes/No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(e) Have you ever been convicted by a Court of Law for any offence?</div> <div>Yes/No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(f) Whether discharged/expelled/withdrawn from any training/Institution under the Government or Otherwise?</div> <div>Yes/No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(g) Have you ever been restricted by any University or any other educational authority /institution?</div> <div>Yes/No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(h) Have you ever been debarred/ disqualified by any Public Service Commission/ Staff Selection Commission for any of its examination/selection?</div> <div>Yes/No</div> </div>
(ii)	<p>If the answer to any of the above mentioned question 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:</p>
	<p><i>Notes:- (i) Please also see the 'WARNING' at the top of the Attestation Form</i>  <i>(ii) Specific answer to each of the questions should be given by striking out 'Yes' or 'No' as the case may be.</i></p>
16.	<p>Names &amp; full address of two responsible person of your locality or two reference to whom you are known:</p> <p>1)</p> <p>2)</p>
17.	<p style="text-align: center;"><b><u>DECLARATION</u></b></p> <p>I hereby 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 filing 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Date:</div> <div>Signature of Candidate:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Place:</div> <div>Name of Candidate:</div> </div>

**MEDICAL CERTIFICATE**

ANNEXURE-B

**I hereby certified that-**

I have examined Mr./Ms. .... a candidate  
for employment in the .....department and cannot discover that he/she has any  
disease, (communicable or otherwise) constitutional weakness or bodily infirmity, except ..... I  
do not consider this disqualification for employment in the .....Department.

**CONDITIONS OF:**

1. Circulatory System Blood Pressure	Systolic	mm	Hg
	Diastolic	mm	Hg

2. Respiratory System

3. Digestive System

4. Genito Urinary System	Reaction
Urinary Examination	Specific Gravity
	Albumin
	Sugar

5. Nervous System

6. Special sense including remarks on correction of visual defects, if any:-

According to his/her statement, his/her age is .....years and by appearance about ..... years.  
He/She has/had small pox/has been successfully vaccinated.

SIGNATURE OF CANDIDATE  
(Thumb impression in case of  
Persons who cannot sign their name)

SIGNATURE & SEAL OF AUTHORITY/  
BOARD/EXAMINING MEDICAL OFFICER

**CANDIDATE STATEMENT AND DECLARATION**

**ANNEXURE-C**

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

1. State your name in full (in Block letter) .....
2. State your age ..... and birth place .....
2. (a) Do you belong to Scheduled Tribe or to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribes whose average height is distinctly lower?  
(Answer 'Yes' or 'No', and if answer is 'Yes' then state the name of the race)
3. 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 or any of your near relatives been afflicted with consumption, scrofula, gout, asthma fits, epilepsy or insanity?
6. Have you suffered from any form of nervousness due to overwork or any other cause?
7. Have you been examined and declared unfit for Government Service by a Medical Officer / Medical Board, within the last three years.
8. Furnish the following particulars concerning your family:

Father's age if living & state of health	Father's age at death and cause of death	No. of brothers living their ages & state of health	No. of brothers dead, their ages at death & cause of death.

Mother's age if living & state of health	Mother's age at death and cause of death	No. of sisters living their ages & state of health	No. of sisters dead, their ages at death & cause of death.

I declare all the above answers to be, to the best of my belief, true and correct. I also solemnly affirm that I have not received disability certificate/pension on account of any disease or other conditions.

Candidate's Signature .....

Signed in my presence .....  
Signature of Medical Officer

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

(G.I.O.(2), SR-3)