	दूरभाष /Telephone :044-28331011 फेक्स /Fax :044-28331015
<p style="text-align: center;"> OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER OF GST AND CENTRAL EXCISE, TAMILNADU AND PUDUCHERRY ZONE 26/1, महात्मागांधीमार्ग, नुंगम्बाक्कम, चेन्नै-600 034 26/1, Mahatma Gandhi Road, Nungambakkam, Chennai 600 034 </p>		

C: II/31/02/2020-CCA-Estt

Dated: 18/08/2020

Sub: Allocation of candidates through Staff Selection Commission, CGLE-2017 to the post of Inspector / Tax Assistant/ Stenographer-Intimation of date of Document verification-Reg.


Ref: (1)II/31/02/2020-CCA-Estt, dated 17.08.2020 in r/o. of Inspectors.

(2)II/31/03/2020-CCA-Estt, dated 17.08.2020 in r/o. of TA's

(3)II/31/01/2020-CCA-Estt, dated 18.08.2020 in r/o. Stenographer Gr.II

Please refer to this office Notice issued vide the above mentioned file numbers on the above subject. Further clarifications on the subject matter is given hereunder.

- a. Para No.5 (i) **Discharge Certificate** , the same may be read as **NOC** (No Objection certificate) from previous employer. The certificate should be obtained with reference to this notice.
- b. On the subject matter of quarantine, it is informed that candidates may check the quarantine rules prevailing in the state of Tamil Nadu and make arrangements thereof.
- c. In respect of Tax Assistants , a revised Medical certificate proforma is attached herewith incorporating the signature and space for photograph of the candidates. **The earlier form enclosed as Annexure B, in Ref.No.2 should not be used.**
- d. Candidates are advised to keep checking the website of Chennai Central Excise and their individual emails for further updates if any. For further queries pls call at **044-28331011** only.


 (B.SENTHILVELAVAN)
 ADDITIONAL COMMISSIONER

Copy to Computer Section, Chennai North for uploading in the official website.

चिकित्सा प्रमाण पत्र
MEDICAL CERTIFICATE

मैं इसके द्वारा प्रमाणित करता हूँ कि मैंनेविभाग 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 अनुसारसाल है और आकार से करीबसाल है।

I hereby certify that, I have examineda candidate for employment in theDepartment, and cannot discover that has any disease (communicable or otherwise) constitutional weakness, or infirmity exceptI do not consider this a disqualification for employment in the office of theHis /her age is according to his/her own statementyears and by appearance aboutyears.

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