



कार्यालय मुख्य आयुक्त, केंद्रीय उत्पाद शुल्क, सीमा शुल्क एवं सेवाकर, मुख्यालय, भोपाल
Office of the Chief Commissioner of Central Excise, Customs & Service Tax, Bhopal
48, प्रशासनिक क्षेत्र, अरेरा हिल्स, होशंगाबाद रोड भोपाल (एम.पी.) - 462011.

48. Administrative Area, Arera Hills, Hoshangabad Road, Bhopal - 462011.
FAX/Telephone No. 2765208

फा.क्र. म. (03) 20/CCU/B2/2015/7808 to 7811

E-Mail- ccobhopal@gmail.com

भोपाल, दिनांक- 18.09.2015

प्रति,

सिविल सर्जन सह स्वास्थ्य अधिकारी,

वाराणसी (उ.प्र.), बागपत (उ.प्र.)
वडोदरा, गोरखपुर (उ.प्र.)

विषय- निरीक्षक केंद्रीय उत्पाद शुल्क के पद पर नियुक्ति हेतु स्वास्थ्य परीक्षण करने के संबंध में ।

उपरोक्त संदर्भ में केंद्रीय उत्पाद शुल्क एवं सीमा शुल्क विभाग में निरीक्षक, केंद्रीय उत्पाद शुल्क के पद पर श्री/श्रीमती/कु. को नियुक्ति प्रदान करने पर विभाग द्वारा विचार किया जा रहा है । यदि स्वास्थ्य की दृष्टि से योग्य हों तो कृपया आवश्यक प्रमाण पत्र जारी करें । नियमों के अंतर्गत निर्धारित स्वास्थ्य परीक्षण शुल्क, परीक्षण के समय श्री से लिया जावे जो उन्हें इस विभाग में उनके कार्यभार ग्रहण करने पर वापिस कर दिया जावेगा ।

स्वास्थ्य मंत्रालय के कार्यालय ज्ञापन संख्या एफ-(1)55-56 एम-11, दिनांक 27.01.1957 के अनुसार उम्मीदवार से स्वास्थ्य परीक्षण के पूर्व अपने समक्ष घोषणा पत्र भरवा लें और इसे साक्षात्कृत कर आरोग्य प्रमाण पत्र के साथ उम्मीदवार को प्रदान करने का कष्ट करें ।

संलग्न- उपरोक्तानुसार

आर.एस. माहेश्वरी
(आर.एस. माहेश्वरी)

अपर आयुक्त (मु.आ.का.)

16

MEDICAL CERTIFICATE

I hereby certified that –

I have examined Shri/ Smt./ Kumari..... a candidate for employment in theDeptt. and can not 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
2. Respiratory system
3. Digestive system
4. Genito Urinary system

Systolic	mm	Hg
Diastolic	mm	Hg

Urinary examination

Reaction
Specific gravity
Albumin
Sugar

5. Nervous system
6. Special sence including remarks on correction of visual defects if any .

His/Her age is according his/her on statement his/her isYears and by appearance about years. He/She has had small pox/ has been successfully vaccinated. Thumb and finger impression of the left/right hand in the case of persons who cannot sign their names.

SIGNATURE OF CANDIDATE
(to be obtained in the case of those
who can sign their names)

SIGNATURE AND SEAL OF
EXAMINING MEDICAL OFFICER/
AUTHORITY/BOARD.

PLACE:
DATE

CANDIDATE'S STATEMENT AND DECLARATION

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 ageand birth place
- 2.(a) Do you belong to Scheduled Tribe or to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribes etc. whose average height is distinctly lower (Answer 'Yes' or 'No', and if answer is 'Yes' state the name of 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 relations been afflicted with consumption, scrofula, gout, asthma fits, epilepsy or insanity ?
6. Have you suffered from any form of nervousness due to over-work 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 and state of health.	No. of brothers dead, their ages at death and cause of death.

(TV)

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