ANNEXURE-A

APPLICATION FOR RECRUITMENT OF MERITORIOUS SPORTSPERSONS IN THE OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER OF CGST & CENTRAL EXCISE (LUCKNOW ZONE) FOR THE YEAR 2026

Affix latest passport size colour photographof the candidate

(i) **Post applied for**: (Please Tick the relevant Box)

Tax Assistant: [ ]

Havaldar: [ ]

Both: [ ]

(ii) Mention the preference for the post, if applied for both:

1.

2.

(Please fill the form in the black ink in Capital letters)

A) Full Name	In Hindi	
	In English	
B) Father's Name		
C) Gender (Male/Female/Third gender)		
D) Permanent Residential Address		
E) Address for communication		
F) Date of birth (DD/MM/YYYY)		
G) Age (as on 23.11.2026)		
H) Category-UR/OBC/SC/ST		
I) PwBD Candidate (Yes/No) (if yes, mention the category)		
J) Educational Qualification		
K) Sports event/game		

L) Level of Representations in games/sports [Please submit the forms 1, 2, 3, 4 & 5 (whichever applicable) as detailed at annexure B complete in all respects in all the events participated/medal awarded]

Level	No. of medals awarded	Position earned/ Represented
a)International		

b) National		
c) Inter-University		
d) Khelo India		
e) Any Other event		
f)Latest performance in Sports		
M) Documents to be submitted (self-attested) (Please Tick the enclosed documents):	a) Educational Qualification certificate b) Age proof (SSC/matriculation certificate) c) Relevant Forms for Sports/games certificates as mentioned in Annexure-B d) Identity proof (copy of Aadhar Card/PAN Card, Driving License, Passport, any other identity card issued by Central/State Government authorities) e) Caste Certificate (in case of OBC/SC/ST candidates) f) NOC from the present employer, if applicable g) Benchmark disability Certificate (PwBD)	
N) Telephone No./Mob. No.		
O) E-mail id(if any)		
P) Aadhaar number		
Q) Details of present employer, if any		

DECLARATION

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being false or incorrect or ineligibility being detected before or after the test/interview, my candidature/appointment is liable to be cancelled /terminated. I have not submitted any other application for this post. I am aware that if I contravene this rule, my application can be rejected by the Department.

I further declare that there is no ongoing investigation against me regarding Doping or using unfair means of any nature to compete or win in any of Sporting event. I fulfill all the conditions of eligibility regarding age limit, educational qualification & sports eligibility etc, prescribed for the post.

Place: Signature of the Applicant:

Date: Full Name:

ANNEXURE 'B'

FORM I

(for representing India in an international Competition in one of the recognized Games/Sports).

NATIONAL FEDERATION / NATIONAL ASSOCIATION OF ____

Certificate to meritorious sportsmen for employment to Group C & D Service under the CentralGovernment

Certified that Shri/Smt./Kumar_____ Son/Wife/Daughter of Shri_____resident of

_____represented the
(complete address)

country in the game/event of_____in _____competition/Tournament held at _____from_____to_____.

The position obtained by the individual/team in the above said Competition/Tournament was_____.

The Certificate is being given on the basis of record available in the office of the State Association of_____.

Place_____

Signature_____

Date_____

Name _____

Designation_____

Name of the Federation/National Association_____

Address_____

Seal_____

Note: This Certificate will be valid only when signed personally by the Secretary, National Federation/National Association.

(Annexure B of the Department of Personnel and Administrative Reforms O.M. No. 14015/1/78-Estt(D) dated 4th August, 1980)

ANNEXURE 'B'

FORM:-2

(for representing a State in India in a Nation competition in one of the recognized Games/Sports.)

STATE ASSOCIATION OF_____IN THE GAME_____OF_____

Certificate to a meritorious sportsman for employment to a Group C & D service under theCentral Government

Certified that Shri/Smt./Kumar_____ son/wife/daughter of Shri_____resident of _____represented the State of
(complete address)

_____in the game/event of _____in the National Competition/Tournament held at _____from_____to_____.

The position obtained by the individual /team in the above said Competition/Tournament was_____.

The certificate is being given on the basis of record available in the office of the State Association of_____.

Place_____

Signature_____

Date_____

Name _____

Designation_____

Name of the State Association

_____

Address_____

Seal_____

Note: This Certificate will be valid only when signed personally by the Secretary of the State Association.

(Annexure B of the Department of Personnel and Administrative Reforms O.M. No. 14015/1/78-Estt(D) dated 4th August, 1980)

ANNEXURE 'B'

FORM 3

(For representing a University in the Inter-University Competition in one of the recognized Games/sports).

UNIVERSITY OF _____

Certificate to a meritorious sportsman for employment to a Group C&D service under theCentral Government

Certified that Shri/Smt./Kumari_____
Son/Wife/Daughter of Shri_____
Resident of_____student of _____
Represented the University of_____in Inter the game/event of _____in Inter-University Competition/Tournament held at _____
from_____to_____.

The position obtained by the individual/team in the above said competition/tournament was_____.

The certificate is being given on the basis of records available in the office of Dean of Sports or Officer in overall charge of sports in the University of _____
.

Place_____

Date_____

Signature_____
Name _____

Designation_____

Name of the University:

_____
Address_____

Seal_____

Note: This Certificate will be valid only when signed personally by Dean/Director or other officer in overall charge of sports in the University of _____

(Annexure B of the Department of Personnel and Administrative Reforms O.M. No. 14015/1/78-Estt(D) dated 4th August, 1980)

ANNEXURE 'B'

FORM 4

DIRECTORATE OF PUBLIC INSTRUCTIONS/EDUCATION OF THE STATE OF ____

Certificate to a meritorious sportsman for employment to a Group C & D services under theCentral Government

Certified thatShri/Kumari_____ son/daughter of Shri_____resident of_____student of _____
(Complete address)
Represented the_____State School Team in the game/event of_____in the National Games for schools held at_____from_____to_____.

The position obtained by the individual/team in the above said Competition/Tournament was _____.

The certificate is being given on the basis of records available in the office of Directorate of Public Instructions/education of_____.

Place_____

Signature_____

Date_____ Name _____

Designation_____

Address_____

Seal_____

Note: This Certificate will be valid only when signed personally by the Director or Additional/Joint or Deputy Director in overall charge of sports/games/for Schools in the Directorate of Public Instruction/Education of the State.

(Annexure B of the Department of Personnel and Administrative Reforms O.M. No. 14015/1/78-Estt(D) dated 4th August, 1980

ANNEXURE 'B'

FORM 5

DIRECTORATE OF PUBLIC INSTRUCTIONS/EDUCATION OF THE STATE OF ___

Certificate to a meritorious sportsman for employment to a Group C service under the Central Government

Certified that Shri/Kumari_____ son/wife/daughter of Shri_____resident of _____student of _____

Represented the Univerisity/Institute/School of_____ _____in the game/event of _____ _____ in Khelo India University Games/Khelo India Youth Games/Khelo India Winter Games/Khelo India Para Games held at __ _____ from _____ to _____.

The position obtained by the individual/team in the above said Competition/Tournament was _____.

The certificate is being given on the basis of records available in the office.

Place_____

Date_____

Signature_____

Name _____

Designation_____

Address_____

Seal_____

Note: This Certificate will be valid only when signed personally by the officer designated/officer in charge from Sports Authority of India for Khelo India University/Khelo India Youth Games/Khelo India Winter Games/Khelo India Para Games.

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/ her 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 Tribe Orders (Amendment) Act 2002@
The Constitution (Scheduled Caste) Orders(Amendment) Act 2002@
The Constitution(Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act 2002@
The Constitution (Scheduled Caste) Order (Amendment) Act 2007@
%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/Shrimati/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/Ist 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.

Annexure-E

Form-VI Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport-size attested photograph

(Showing face only) of the person with a 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:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(C) he/she has _____% (in the figure) _____percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her _____(part of body) as per guidelines (..... number and date of issue of the 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 Authorized Signatory of notified Medical Authority)

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

Annexure-E

Form - VII Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested photograph

(Showing face only) of the person with disability.

Certificate No. Date:

This is to certify that we 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:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		

9. Deaf £

10. Hard of Hearing £

11. Speech and Language disability

12. Intellectual Disability

13. Specific Learning Disability

14. Autism Spectrum Disorder

15. Mental illness

16. Chronic Neurological Conditions

17. Multiple sclerosis

18. Parkinson's disease

19. Haemophilia

20. Thalassemia

21. Sickle Cell Disease

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (number and date of issue of the guidelines to be specified), is as follows:

In figures _____percent
In words: _____percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:
   (i) not necessary,
   or
   (ii) is recommended/after ..... years ..... months, and therefore this certificate shall be valid till ----- ----- ------

(DD) (MM) (YY)

@ e.g., Left/right/both arms/legs
# e.g., Single eye
£ 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

5. Signature and seal of the Medical Authority.

Name and Seal of Member Name and Seal of Member Name and Seal of the Chairperson

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

Annexure-E

Form – VIII Certificate of Disability

(In cases other than those mentioned in Forms VI and VII)

(Name and Address of the Medical Authority issuing the Certificate) (See rule 18(1))

Recent passport 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 (number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			

15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

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

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after _____years _____months, 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

(Authorized Signatory of notified Medical Authority)
(Name and Seal)

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

Signature/thumb impression of the person in whose favour certificate of disability 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 of the District.