

# NACIN

National Academy of Customs, Indirect Taxes and  
Narcotics, Palasamudram



Joining Instructions

for

Officer Trainees of the 75<sup>th</sup> Batch of  
Indian Revenue Service (Customs & Indirect Taxes)



1. The Induction Course for the 75th Batch of IRS (C&IT) shall commence on 15th November 2023 (Wednesday). The Officer Trainees (OTs) are required to report at the National Academy of Customs, Indirect Taxes and Narcotics (NACIN), Bengaluru by the evening of 14th November 2023 (Tuesday) not later than 8:00 PM. Arrangements are being made to receive you and transport to NACIN, Bengaluru from the afternoon of 13<sup>th</sup> November.
2. Date & Time: The joining formalities are scheduled for 15th November 2023 at NACIN, Bengaluru from 10:00 AM onwards.
3. OTs reporting after 15th November 2023 will not be allowed to join except in cases where prior written permission has been granted by the competent authority in advance.
4. OTs are advised to e-mail their travel plans and expected time of arrival at [cd-nacin75@gov.in](mailto:cd-nacin75@gov.in) latest by 7th November, 2023 and in case of any difficulties may contact, Shri G.A. Harshanand, Deputy Director, NACIN, Palasamudram (M.No 9791099723).
5. Every OT (Including those opting for EOL) is required to follow the link on or before 27<sup>th</sup> October, 2023 for filling bio-data particulars:  
[https://docs.google.com/forms/d/e/1FAIpQLSeMsP-iQ-be4eumONoBHQkR\\_Bpc\\_q6Kz8iIV5N2oJ6aVHDNEw/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSeMsP-iQ-be4eumONoBHQkR_Bpc_q6Kz8iIV5N2oJ6aVHDNEw/viewform?usp=sf_link)
6. Mandatory Documents: OTs are required to bring with them the following documents in original (along with 03 self-attested copies):
  - a. Letter of Appointment issued by the CBIC, Department of Revenue, Ministry of Finance, Government of India.
  - b. Relieving order and Last Pay Certificate for those joining after Foundation Course at LBSNAA.
  - c. Letter of Acceptance of technical resignation, Relieving order and LPC will be required from those OTs, who are joining from other government services and PSUs.
  - d. Certificates of educational qualifications, caste/ disability certificate (if applicable) and proof of permanent address/ hometown for verification.
  - e. Photo identity card (PAN Card and Aadhar Card).
  - f. Four individual photographs (3.5x4.5cm) of each dependent family members would also be required for Central Government Health Scheme (CGHS), if applicable, in terms of Office Memorandum dated 08 Nov 2016 issued vide F.No

S-11012/2/2016-CGHS-P(as amended).

- g. A cheque book and passbook with their name printed on the Cheque leaf.
- h. 20 passport size (size 3.5x4.5 cm, color photo in formal dress, front faced with light background) photographs with OTs name written in capital on reverse of each photograph.
- i. The blank copy of following forms to be submitted at the time of joining are attached along with as annexures. You are requested to fill the forms and share the soft copy on [cd-nacin75@gov.in](mailto:cd-nacin75@gov.in) latest by 05.11.2023. Hard copies (in triplicate) are to be kept ready for submission at the time of joining.

- Joining Letter
- Personal Memoranda
- Form of Oath/Affirmation
- Declaration of Hometown
- Specimen Signature
- Declaration of Marital Status
- Statement of movable and immovable property
- Medical History
- Assumption of Charge
- CGHS Form
- Nomination form for Gratuity and CGEGIS
- New Pension Scheme-Subscriber Registration Form
- Form for ID-card
- Form for career expectation of Probationer
- Form for creation of Gov ID

6. Salary: OTs may receive their salary in due course after joining formalities. However, OTs are advised to make suitable arrangements to cover their personal expenses during such interim period. In addition to this, OTs will have to make the deposits/payments under the following heads:

1	Mess Advance	₹11,000/-
2	Security Deposit (Mess)	₹1,000/-(Refundable)
3	Books	₹3,500/-
4	NACIN Sports Kit	₹8000/-
5	Society Charges (one time, non-refundable)	₹5000/-

6	Blazer & Sari	₹12,500 (for lady OTs)
7	Service Tie, Blazer & Trousers	₹12,500/- (For Gentlemen OTs)
8	Khaki Uniform with accessories and Combat Dress	₹12,500/-

\*Note: 1. All figures are rough estimates; payment is to be made as per actual price.

2. The total expenditure will be supervised by the mess committee, to be formed amongst the OTs of 75<sup>th</sup> Batch.

OTs are directed to deposit the aforesaid amount of ₹50,000/- electronically in the below mentioned Bank Account by 8th December 2023, bring proof of the transaction and produce the same in hard copy at the time of joining. No Cash will be accepted in any condition.

Bank Name: Union Bank of India  
Account Name: M/s Mess Maintenance Fund  
IFSC Code: UBIN0810151  
MICR Code: 110026180  
A/c Number: 101510011006695

7. Property Returns: Every OT is required to furnish Immovable Property Returns (IPR), immediately on joining the Academy, statement of movable & immovable property in the prescribed format which will be given at the Academy. So, the OTs are directed to come to the Academy with a ready list of movable and immovable property (with supporting documents), if any, owned by them/registered in their name.

8. OTs are advised to bring the following items along with them:

a. Gentlemen OTs are required to bring *Black Bandgala Suit* and *black formal shoes (Oxford/brogues)* and in the case of lady OTs, formal dress/ saree is prescribed.

b. OTs may bring traditional/ regional/ ethnic clothes to be used during cultural programs, festivities etc.

9. Conditions for appearing in Examinations: In terms of letter F. No. A-12025/04/2017- Ad. II (Pt.) dated 15.01.2018 of the Ministry of Finance, during the period of induction training of 16 months, OT's will not be allowed to appear in Civil Service Examinations (Prelims and Mains) or any other examination for appointment to central or state services or other open competitive examinations. Mains exams will include both written part as well as interview. However, if any OT wishes to do so, she/

he is allowed to join the Academy and then take one-year Extra-Ordinary Leave (EOL). The EOL will be sanctioned to complete the current year examination process and not for appearing in the forthcoming Civil Service Examination or any State Service Examination. The OT will then subsequently join the Academy along with next batch for Induction Training in an integrated manner. Once the OT opts not to take EOL but to continue the training in the Academy, she/he is required to submit an undertaking (format of which will be provided at the Academy on joining) that she/he shall not appear at the Civil Services Examination or any other examination for appointment to Central or State Services by open competitive examination during the period of induction training of 16 months.

10. It is mandatory for OTs to reside in campus. All OTs will be allotted rooms in advance and no subsequent request for change in allotment shall be entertained. The rooms are provided with basic furniture, pillow, and mattresses. However, bed sheets, towels, pillow covers, blankets/comforter, etc. should be brought by the OTs as per their requirements. Each OT will be issued a standard inventory of items, which he/she shall properly hand over to the caretaker on vacating the hostel.

11. The training at NACIN is intensive and attendance is compulsory for all training events, tours, visits, attachments etc. organized during training. It is also mentioned that observing discipline is a pivotal part of Internal Assessment. Sanction of leave is strictly regulated. Leave shall only be sanctioned in exceptional circumstances and not as a matter of routine. An OT who leaves the academy, for whatever reason, without prior written approval of station leave from the Course Director, shall be liable for disciplinary/penal action as per the extant Rules.

12. In view of the above,

i) All those OTs who wish to appear for any Examination, conducted by UPSC/ State Governments/ other agencies during the period of training are directed to indicate the same to the Course Director in writing and apply for Extra Ordinary Leave immediately at the time of joining.

ii) Each OT must submit an undertaking (Annexure "I") at the time of joining NACIN, Faridabad for Induction Training.

13. Possession/consumption of alcoholic drinks and narcotic substances is strictly prohibited. Defaulting OTs shall invite disciplinary action under the relevant Rules.

14. OTs are not permitted to keep their personal vehicle in the Academy.

15. A copy of these instructions and other relevant documents are also available at [www.nacin.gov.in](http://www.nacin.gov.in). In case of any difficulty, OTs may contact the NACIN team as per details given in Annexure-II.

UNDERTAKING

I, \_\_\_\_\_ do hereby undertake that during the period of induction training of 16 months, I will not apply/appear in either the Civil Services Examination (Prelims & Mains\*) or any other examination for appointment to the Central or State Services or other exams by open competitive examination.

At any time in future, if it is revealed that there has been a breach of above undertaking, I shall be liable for disciplinary action to be taken against me by the department.

\* Mains includes written examination and interview

\_\_\_\_\_

(Signature)

Mr./Ms. : \_\_\_\_\_

S/o / D/o : \_\_\_\_\_

Batch : \_\_\_\_\_

Date : \_\_\_\_\_

Place : \_\_\_\_\_

## Contact Details

Address	National Academy of Customs, Indirect Taxes and Narcotics (NACIN), Palasamudram, Sathya Sai District, Andhra Pradesh.
E-mail	<a href="mailto:cd-nacin75@gov.in">cd-nacin75@gov.in</a>
Website	<a href="http://www.nacin.gov.in">www.nacin.gov.in</a>
Deputy Directors	Sh. Arjun Banerjee Ph: +91 8130787748 Email: <a href="mailto:arjunbanerjee-irs@gov.in">arjunbanerjee-irs@gov.in</a>  Sh. Harshanand G A Ph: +91 9791099723 Email: <a href="mailto:harshanand.irs@nic.in">harshanand.irs@nic.in</a>
Superintendent (OT Section)	Sh. B Praveen (Mob: +91 9530075601) Email: <a href="mailto:bp.g109001@gov.in">bp.g109001@gov.in</a>

To

The Deputy Secretary (Ad. II),  
Government of India,  
Ministry of Finance,  
Department of Revenue,  
Central Board of Indirect Taxes and Customs, New  
Delhi.

Subject: Appointment of Probationers in the Indian Revenue Service (Customs & Indirect Taxes) on the basis of result of Civil Services Examination, 2020.

Sir,

Please refer to your letter \_\_\_\_\_  
Dated \_\_\_\_\_ offering me appointment as Probationer in  
Indian Revenue Service (Customs & Indirect Taxes) on the basis of result of Civil  
Services Examination, 2021.

2. I accept the offer of appointment on the terms and conditions mentioned in your letter quoted above.
3. I hereby declare that I have appeared/not appeared in the Civil Services (Main) Examination, 2022.
4. I intend/do not intend to appear in the Civil Services Examination, 2023.

Yours faithfully,

Signature \_\_\_\_\_

Name \_\_\_\_\_

(In full, in capital letters)

Address \_\_\_\_\_

Dated: \_\_\_\_\_

Copy forwarded for information to the Director General, National Academy of  
Customs, Indirect Taxes & Narcotics, PALASAMUDRAM.



TO BE FILLED IN TRIPLICATE  
PLEASE ATTACH 3 PHOTOGRAPHS

**NATIONAL ACADEMY OF CUSTOMS, INDIRECT TAXES & NARCOTICS PALASAMUDRAM**

**PERSONAL MEMORANDA OF PROBATIONERS IN INDIAN REVENUE SERVICE  
(CUSTOMS & INDIRECT TAXES)**

1.	Name	(First Name)	(Middle Name)	(Last Name)
	(in block letters)			
2	Father's /Husband's Name and occupation.			
3	Date of Birth (DD/MM/YYYY)			
4	Permanent Home Address			
5	Height (cm)			
6	Visible Identification Mark			
7	Blood Group			
8	Marital Status			
9	Spouse Education and occupation			
10	Whether you belong to SC / ST/ OBC			
11	Home District			
12	Home State			
13	Religion /Community			
14	Mother Tongue			
15	Year of Civil Services Exam & Rank			

16	Medium of Civil Services Exam	
17	Have you attended Foundation Course? If yes, date of joining FC	
18	Have you appeared in Civil Services Exam 2021?	
19	Do you plan to appear in Civil Services Exam 2022?	
20	Food habits (Veg / Non-veg)	
21	Interests/ Hobbies	
22	Significant impressions of your family life	
23	View of your school and college education in building your capacity	
24	How did you choose your higher education	
25	Write about your expectation and reality of your job and work	
26	Books/events/persons that influenced you in life and how and why	
27	What in your view constitutes 'Happiness'	

**28. ACADEMIC & TECHNICAL QUALIFICATIONS:**

S.No	Examination Passed	Year	Division	University	Subjects	Distinction, if any
1.	2.	3.	4.	5	6.	7.
(i)						
(ii)						
(iii)						
(iv)						

29.	Other Achievements:-	
30.	Languages Known (Other than English):-	
	(i) Proficiency in Speaking :	
	(ii) Proficiency in reading:	
	(iii) Proficiency in writing:	
31.	Particulars of employment, if any, between completion of graduation and selection in IRS (C&IT)	
32.	Details of Proficiency in Sports:  (i)Outdoor :  (ii) Indoor :	
33.	Details of Proficiency in handling Fire arms :	
34.	Names of States in India visited so far:	
35.	Names of countries visited so far:	
36.	Details of any other personal achievement, you wish to mention :	
37.	Local Residential Address, if any (Telephone No:)	
38.	Name and address of relative / Guardian to be contacted in case of emergency (in Delhi or elsewhere) with Telephone no. if any	

Signature : \_\_\_\_\_

Dated : \_\_\_\_\_

E-Mail: \_\_\_\_\_

Aadhaar Number: \_\_\_\_\_

Mobile No: \_\_\_\_\_

*Note : The OTs are advised to mention mobile number which is linked with their Aadhaar Card. This mobile number will be used for creation of their "gov" email IDs and various other departmental applications*

**FORM OF OATH / AFFIRMATION**

I, \_\_\_\_\_, do swear / solemnly affirm that I shall be faithful and bear true allegiance to India and the Constitution of India as by the law established. That I shall uphold the sovereignty and integrity of India and that I shall carry out the duties of office loyally, honestly and with impartiality.

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

(In capital letters)

DESIGNATION: \_\_\_\_\_

PLACE: **PALASAMUDRAM**

DATED : \_\_\_\_\_

**DECLARATION OF HOME TOWN**

I, Smt./Sh. \_\_\_\_\_ hereby declare that my permanent Home Address is as under:-

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I have immovable property at the above address. My Family permanently resides at the above address.

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

(In capital letters)

DESIGNATION : \_\_\_\_\_

PLACE: PALASAMUDRAM

DATED: \_\_\_\_\_

**SPECIMEN SIGNATURE OF**

Smt. /Sh. \_\_\_\_\_ Officer Trainee in Indian Revenue Service  
(Customs & Indirect Taxes) UPSC Exam, 2020.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**DECLARATION OF MARITAL STATUS**

I. Shri / Shrimati / Kumari \_\_\_\_\_  
declare as under :-

- (i) That I am unmarried / widower / a widow.\*
- (ii) That I am married and have only one spouse living.\*
- (iii) That I have entered into or contracted a marriage with a person having a spouse living.\*
- (iv) That I have entered in to or contracted a marriage with another person during the life time of my spouse. Application for grant of the exemption is enclosed.\*

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment I shall be liable to be dismissed from service.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SERVICE \_\_\_\_\_

NAME IN FULL \_\_\_\_\_

DESIGNATION \_\_\_\_\_

NOTE: - \* Please delete clause (s) not applicable.

**STATEMENT OF MOVABLE PROPERTY ON FIRST APPOINTMENT AS ON .....**

1. Name of Officer (in full) and service to which the officer belongs : \_\_\_\_\_

2. Present Post Held: \_\_\_\_\_

3. Present Pay : \_\_\_\_\_

<b>Name and details of Movable Property</b>	<b>* Present Value</b>	<b>If not in own name of the Govt. Servant, state in whose name held and his/her relationship to the Govt. Servant</b>	<b>How acquired whether by purchase, inheritance, gift or otherwise, with date of acquisition and name with details of persons from who acquired.</b>	<b>Remarks</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note : The declaration form is required to be filled in and submitted, giving particulars of all movable property held by him either in his own or in the name of any member of his family or in the name of any other persons.

\* In cases where it is not possible to assess the value accurately the approximate value in relation to present conditions may be indicated.



**STATEMENT OF IMMOVABLE PROPERTY ON FIRST APPOINTMENT AS ON \_\_\_\_\_**

1. Name of Officer (in full) and service to which the officer belongs : \_\_\_\_\_
2. Present Post Held: \_\_\_\_\_
3. Present Pay : \_\_\_\_\_

Name of District Sub-Division Taluk and Village in which property is situated	Name and details of property		* Present Value	If not in own name, state in whose name held and his/her relationship to the Govt. Servant	How acquired whether by purchase, lease **, mortgage, inheritance gift or otherwise, with date of acquisition and name with details of persons from whom acquired	Annual income from the Property	Remarks
	Housing and building	Lands					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note : The declaration form is required to be filled in and submitted by every member of Class I and Class II Service under rule 18(3) of Central Civil Service (Conduct) Rules, 1965, on first appointment to the service and thereafter at an interval of every twelve months, giving particulars of all immovable property owned, acquired or inherited by him or held by him on lease or mortgage, either in his own name or in the name of any member of his family or in the name of any other persons.

\* In cases where it is not possible to assess the value accurately, the approximate value in relation to present condition of the property may be indicated.

\*\* Inapplicable clause to be struck out.

## **Medical History**

1.	Name of the OT	
2.	Blood Group	
3.	Any serious Health problem/condition (please attach medical records)	
4.	Any lifestyle diseases	
5.	Whether allergic to  a) Any food  b) Any medicine  c) Other (specify)	
6.	COVID-19 Vaccination status	
7.	Any other information you would like to share	

\* The OTs are requested to be candid about this disclosure as it is for your own well-being and care. Rest assured the information shared will be kept private and confidential.

## INSTRUCTIONS

### Definition of Family:

- (1) Husband / Wife\* (\* First wife only)
- (2) Dependant Parents / Step Mother ( in case of adoption , only adoptive & not real parents)
- (3) If adoptive father has more than one wife , the first wife only.
- (4) A female employee has a choice to include either her dependent parents or her dependent parents – in law ; option exercise can be changed only once during service .
- (5) **Children** including legally adopted children , step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earning or attains the age of 25 years , whichever is earlier.
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit , whichever may be earlier.
(iii)	Son Suffering from any permanent disability of any kind (physical or mental ) as defined below	Irrespective of age limit.
(iv)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters	Irrespective of age limit.
(v)	Dependent Minor brother(s )	Upto the age of becoming a major.

For the purpose of availing CGHS facility for a disabled sons above 25 years , please attach a copy of n the certificate of disability issued by the competent authority.

**'Disability'** will be AS DEFINED IN SECTION 2(1) OF 'THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION ) ACT ,1995 (NO: 1 OF 1996 )' WHICH IS REPRODUCED BELOW:

- "(1) "DISABILITY" MEANS
- (I) BLINDNESS
  - (II) LOW VISION
  - (III) LEPROCY CURED
  - (IV) HEARING IMPAIRMENT
  - (V) LOCOMOTOTR DISABILITY
  - (VI) MENTAL RETARDATION
  - (VII) MENTAL ILLNESS "
  - (VIII)

### Dependency:

**Members of family (other than spouse) whose income is less than Rs.1500/- per month are treated as dependents and are normally residing with CGHS beneficiary.**

### The Following Documents are to be enclosed:

- (I) **Proof of Residence / Stay of dependents** —{ copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book , etc.,}
- (II) **Proof of age of son -**
- (III) **Attested Copy of Disability certificate issued by Competent Authority( in case of dependent son aged 25 and above )**

**For Pensioners applying for CGHS card for the First time the following Additional Documents are required:**

- (IV) **Surrender Certificate of CGHS Card while in service.**
- (V) **Attested copies of PPO & Last Pay Certificate**

**Contribution by Pensioners should be made by Bank Draft ( Scheduled Banks ) payable in Delhi in favour of "Pay & Accounts Officer CGHS , New Delhi".**

## FORM 3

### Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 46 of Central Civil Services (Pension) Rules, 2021, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

I, ....., hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- i. any gratuity the payment of which may be authorised under rule 44 and Rule 45 of CCS (Pension) Rules
- ii. amount that may stand to my credit in the General Provident Fund
- iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

Name, date of birth (DOB) and address of the nominee	Relation-ship with employee/pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government  
servant & Mobile No.

Note 1 : Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above

Note 2 : The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 3 : The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

**(To be filled in by the Head of Office/authorized Gazetted Officer)**

Received the nominations, date \_\_\_\_\_, under the following Rules:—

1. Central Civil Services (Pension) Rules, 2021 for Gratuity
2. General Provident Fund (Central Services) Rules, 1960
3. Central Government Employees Group Insurance Scheme, 1980

made by Shri/Smt./Kumari.....

Designation.....

Office.....

(Strike out which nomination is not received)

Verified that the nomination(s) made by the Government servant is/are in accordance with the provisions of the relevant rules. Entry of receipt of nomination(s) has been made in page .....Volume..... of Service Book.

Name, Signature and Designation of Head of Office/authorized Gazetted Officer with seal  
Date of receipt.....

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

**FORM G.F.R – 2017 [Rule-286(1)]**

**NATIONAL ACADEMY OF CUSTOMS. INDIRECT TAXES & NARCOTICS, PALASAMUDRAM**

Certified that I have in the forenoon/afternoon of this date respectively made over/ received charge of the office of Probationer (Officer Trainee), Indian Revenue Service (Customs & Indirect Taxes) in pursuance of Ministry of Finance, Department of Revenue letter \_\_\_\_\_ dated \_\_\_\_\_.

Assuming Officer \_\_\_\_\_

Signature \_\_\_\_\_

Name (in Block letters) \_\_\_\_\_

Designation **PROBATIONER (OT)**

**Station** \_\_\_\_\_

**Dated:** \_\_\_\_\_

Copy forwarded for information and necessary action to:

- a. Deputy Secretary, Ministry of Finance, Deptt. Rev. (Ad.II Section).
- b. Chief Controller of Accounts, CBIC, AGCR, New Delhi.
- c. Bill Section (in duplicate)

S.No.	<b>Form for Career Expectation of Probationers</b>	
1	Name of the Probationer	
2	Rank & CSE Year	
3	Educational Qualification	
4	Service Name	Indian Revenue Service (Customs & Indirect Taxes)
5	Date of Joining at NACIN	
6	Designation	Assistant Commissioner
7	Professional Batch	
8	Reasons to join Civil Services	
9	Career Objective	
10	Ways in which the Probationer envisions to deliver public service of the highest order	
		Signature and Date:-
		Contact No.:-
		Address:-

**Government of India**  
**Department of Information Technology, MCIT**  
**NATIONAL INFORMATICS CENTRE**

**Application for E-Mail account for a single user**

(Please read the instructions given in the reverse of this page; The completed application form, duly signed by the concerned Project Coordinator /HOD of the concerned NIC Cell, should be submitted to Support Center at "iNOC, NIC, A4B2 Bay, A-Block C.G.O. Complex") . Please use CAPITAL LETTERS.

1) Name of the applicant\*: \_\_\_\_\_  
(Dr./Mr./Ms. First name Middle Name Surname)

2) (a)Date of Birth: \_\_\_\_\_ (b)Designation\*: \_\_\_\_\_

3) Min./Dept./Org\*: \_\_\_\_\_

4) Address for correspondence\*: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

5) Telephone Number :(O)\* \_\_\_\_\_ (R) \_\_\_\_\_ Mobile\*: \_\_\_\_\_

6) Preferred email id\*\*: a) \_\_\_\_\_, b) \_\_\_\_\_

7) Alternate e-mail address for correspondence\*: \_\_\_\_\_

8) Date of Retirement/Date of Completion of Contract (Contractual employees/Consultants)  
(DD/MM/YYYY)\* \_\_\_\_\_

This is to declare that I have read the terms and conditions and I agree to abide by them.

Signature of Competent  
Authority of the Department  
with date and seal

Signature of the Applicant  
with date and seal

Account Category:

Free/ Paid

If free, on What Basis: \_\_\_\_\_

If paid, Project No. : \_\_\_\_\_

Signature of NIC Coordinator/HOD  
with date and seal

Name & Designation: \_\_\_\_\_

E-mail and Tel. \_\_\_\_\_

**FOR OFFICE USE**

**Billing Division(RR Section):**

File Number:

Payment Processed: Yes/ No

Signature

**User ID Creation:**

Assigned login ID: \_\_\_\_\_ Domain: \_\_\_\_\_

Remarks(BO/PO): \_\_\_\_\_

Signature of iNOC incharge

Signature of the Operator

Name & Desig. : \_\_\_\_\_

\* Entries are mandatory and need to be filled.

\*\*The login ids will be generated based on the existing email address policy.

\*\* Please check the policy [https://mail.nic.in/docs/NIC\\_Policy\\_on\\_format\\_of\\_e-mail\\_Address.pdf](https://mail.nic.in/docs/NIC_Policy_on_format_of_e-mail_Address.pdf)

\*\*A suffix may be added to make the email id unqi across the domain



## **E-MAIL TERMS AND CONDITIONS**

1. Users are requested to keep the given userid and password a secret.
2. Please change your password at least once in every three months.
3. By not doing so (point no. 1 & 2 above) the account may be compromised by hackers and the hacker can use the same account for sending spurious mails on the accounts behalf. **NIC is neither responsible nor accountable for this type of misuse of the compromised mail accounts. Gross misuse might be detected by automated monitoring tools, which in turn will automatically deactivate the account.**
4. Do not open any attachments unless, it has come from a known source. In fact delete those mails which are not relevant to you and still you have received them. They might contain a virus that will corrupt your computer.
5. Users are requested to install the personal firewall software to secure their machine and e-mail traffic.
6. Users are requested to install the Antivirus software with latest pattern update periodically and OS patches in their system.
7. If using Outlook, Outlook Express, Mozilla Firefox on Microsoft WINDOWS, please apply the appropriate patches announced by the Microsoft/ Mozilla from time to time.
8. NIC is not responsible for the contents that are being sent as part of the mail. The views expressed are solely that of the originator.
9. NIC e-Mail Service is provided over secure channels only. WEB interface can be accessed over HTTPs(port 443), POP service is over POP3s(port 995),IMAP service is over IMAPs(port 993) and SMTP service is over SMTPs(port 465). Users are required to suitably modify the client software settings to use the services.Please check the FAQ at: <https://mail.nic.in/docs/POP.pdf>
10. By default accounts will be given access over WEB only ( <https://mail.gov.in>). If user wants access over POP/IMAP, he/she has to send the request for the same to [support@gov.in](mailto:support@gov.in). For security reasons either POP or IMAP will be allowed. NIC recommends use of IMAP.
11. NIC will take all possible measures to prevent data loss, however, due to unforeseen technical issues, if the same happens, NIC cannot be held responsible.
12. User is responsible for his/her data. In case he/she accidentally deletes data, he/she will not ask NIC to restore it.
13. Individuals are responsible for saving email messages as they deem appropriate. Messages will be automatically purged from folders as follows:  
Trash - 7 days ProbablySpam – 7 days
14. NIC account will be deactivated, if not used for 90 days.
15. Email id will be deleted after a period of 9 months from the date of deactivation if no request for activation is received.
16. Contact our 24x7 support if you have any problems. Phone **1800-111-555** or you can send mail to [support@gov.in](mailto:support@gov.in)
17. Please note that advance payment is a must for paid users.
18. **NIC will not share the details of Email Accounts and Email Addresses with anyone unless authorized by Competent Authority of the Department.**

**This is to declare that I have read the terms and conditions and I agree to abide by them**

**Signature of the  
Applicant with date  
and seal**