

कर्मधारी वयम आयोग

## STAFF SELECTION COMMISSION

BLOCK NO. 12, CGO-COMPLEX, LODHI ROAD, NEW DELHI 110003

COMBINED HIGHER SECONDARY (10+2) LEVEL EXAMINATION, 2023

REGISTRATION NO: 50005916519





## APPLICATION RECEIVED (CONTENTS NOT VERIFIED)

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/ CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME		
MANOJ KUMAR		BHAGWAT SINGH	BAIJANTI BAI		
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/08/2023	7. GENDER	8. CATEGORY		
31वीर्ग 25/07/2001 स सुन्त आवीर्ग	22 पारी व्यव आय	MALE and and	ST मधारी वया वयन अ		
9. WHETHER PERSON WITH BENCHMARK DISABILITY (PwBD) ?		9.1 IF YES, TYPE OF DISABILITY (OH, HH,VH, OTHERS)			
NO	THE PARTY OF THE P	arrition, art	CTTTP:		
10. NATIONAL	ſΤΥ	11. MARK OF VISIB	LE IDENTIFICATION		
CITIZEN OF INI	DIA	N	0 1 0		
12. MATRICULATION (10th CLASS)	EXAMINATION BOARD	13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING		
MADHYA PRADESH BOARD OF SEC	CONDARY EDUCATION	176790008	2017		

WINDITTY KINDESIT BOTTED OF SECON	DIRT EDUCITION 17079000	2017
States 15.	PREFERENCE OF EXAMINATION CENTI	RES
EXAMINATION CENTRE (FIRST PREFERENCE)	EXAMINATION CENTRE (SECOND PREFERENCE )	EXAMINATION CENTRE (THIRD PREFERENCE)
SAGAR ( 6015 )	INDORE ( 6006 )	BHOPAL ( 6001 )
16. MEDIU	JM FOR COMPUTER BASED EXAMINAT	ION(CBE):
	HINDI	

IIINDI						
17. MEDIUM FOR TYPING TEST:	18. WHETHER 12TH STANDARD PASS IN SCIENCE STREAM WITH MATHEMATICS AS A SUBJECT FROM A RECOGNIZED BOARD OR EQUIVALENT (FOR DEOs IN DEPARTMENT/ MINSTRY MENTIONED AT PARA 8.1 OF THE NOTICE):					
HINDI	कर्मका अधित कर्म	(ES				
19.1. WHETHER YOU ARE AN EX- SERVICEMAN (ESM) OR SERVING IN THE ARMED FORCES?	19.2. DATE OF JOINING THE ARMED FORCES (DD/MM/YYYY)	19.3.DATE OF DISCHARGE/ LIKELY DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/ YYYY)				

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19.4. LENGTH OF SERVICE IN THE ARMED FORCES	CIVIL POST BY AV RESERVATION FO	LREADY JOINED A AILING BENEFIT OF R EX-SERVICEMAN SM) ?		OINING TO CIVI //MM/YYYY)	IL POST
	Y. B. E.	¥ 👛 > 1		¥. 2	<b>3</b> , §
20. 1. ARE YOU A PERSON WITH BENCH	MARK DISABILITI	ES (40% OR MORE) IN	THE CATEGOR	Y OF BLINDNES	S (VH)?
	N. S. C. C.			HI.O	
20.2. ARE YOU A PERSON WITH BENCE	MARK DISABILITI	ES (40% OR MORE) IN - CEREBRAL PALSY (	N THE CATEGOR	Y OF OH-BOTH	
AFFECT		- Mind excell	अध्य धरव		यंत्रव
D.3. DO YOU HAVE A PHYSICAL LIMIT.  O THIS EFFECT FROM COMPETENT AU  EXAMINATION, V	THORITY AS PER F		RE-I/ANNEXURE	E-IA TO THE NOT	
		VO	10 5 6		B TH
.4. WHETHER SCRIBE IS REQUIRED ?	20.5. WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE?  20.6. IF SCRIBE IS TO BE AN BY SSC, INDICATE ME			The second secon	
	10 J (0) C	The state of the s		- 1	((a))(b)
21.1. WHETHER SEEKING AGE RE	AXATION?	21.2 IF V	ES, AGE RELAX	ATION CODE	10 110 N CO 18
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YES		6	01-SC/ST		
22.	HIGHEST EDUCAT	IONAL QUALIFICATION	ON	177)	
INT	ERMEDIATE/ HIGH	ER SECONDARY/ 10+2	2 (2)	31	
23. DETAIL	OF QUALIFYING I	EDUCATIONAL QUAL	LIFICATION	8 8	7
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	TATE/ UT OF RD/ UNIVERSITY	NAME OF BOARD/ UNIVERSITY	ROLL NO	PERCENTAGE	CGPA
PASSED 2020 MAI	HYA PRADESH	MADHYA PRADESH BOARD OF SECONDARY EDUCATION	206735043	आयोग 61	_ dsa
24. DO YOU WANT TO MAKE AVAILA		NAL INFORMATION F		JOB OPPORTUN	ITY IN
TERMS OF DOP		/1/2016-ESTT.(B) DATI NO	ED 21.06.2016 ?		
0 0 0 0 0		SS DETAIL	1.00		11.1
25. CORRESPONDENCE ADDRESS		26.PERMANENT ADDRESS			Hu Y
GRAM-MARKADHANA TAHSEEL-BANKHEDI BANKHEDI DISTRICT -HOSHANGABAD MADHYA PRADESH -461990		GRAM- MARKADHANA TAHSEEL-BANKHEDI BANKHEDI DISTRICT -HOSHANGABAD MADHYA PRADESH -461990			THE RESERVE OF THE PARTY OF THE
DISTRICT: HOSHANGABAD		DIS	DISTRICT:HOSHANGABAD		
STATE: MADHYA PRADESH		STATE: MADHYA PRADESH			वया वयम आयोग
PIN : 461990		PIN : 461990			act Sicrain
MOBILE NO: 810311943			EMAIL: manojmarskole32064@gmail.com		
28. WHETHER THE PHO	$\overline{}$		ΓER 09-FEBRUAF	RY-2023?	
		ES	200	STATE OF THE PARTY	
IS OF THE STATE OF					
	AMOUNT	TRANSACTION	N NO T	RANSACTION D	PATE
FEE PAYMENT EXEMPTED			N NO T	RANSACTION D	PATE
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## **DECLARATION**

- 1. I HAVE READ THE NOTICE OF THE EXAMINATION AND ACCEPT ALL THE TERMS & CONDITIONS OF THE NOTICE OF THE EXAMINATION.
- 2. I HEREBY DECLARE THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IN THE EVENT OF ANY INFORMATION BEING FOUND SUPPRESSED/FALSE OR INCORRECT OR INELIGIBILITY BEING DETECTED BEFORE OR AFTER THE EXAMINATION, MY CANDIDATURE/ APPOINTMENT IS LIABLE TO BE CANCELLED.I AM WILLING TO SERVE ANYWHERE IN INDIA. कर्मधारी वयम आयोग कर्मधारी चयम आयोग
  - कर्मधारी वयम उ
- 3. I DECLARE THAT THE PHOTOGRAPH UPLOADED IN THE APPLICATION FORM HAS BEEN TAKEN ON OR AFTER THE STIPULATED DATED.
- 4. I AGREE TO AUTHORIZE SSC TO USE MY AADHAR DATA FOR VERIFICATION PURPOSE.

PRINT TAKEN ON: 19/05/2023 12:10:08 AM













