

STAFF SELECTION COMMISSION

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

COMBINED HIGHER SECONDARY (10+2) LEVEL EXAMINATION, 2020

REGISTRATION NO: 10000274051



09/11/2020

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APPLICATION IS INCOMPLETE

1. NAME AS PER MATRICULATION CERTIFICATION		W/ CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
ABHINAND V V		कर्मधारी व्यम आय	RAGHUNATHAN	RAJASREE
5. DATE OF BIRTH (DD/MM/YYYY)		AGE AS ON 01/01/2021	7. GENDER	8. CATEGORY
30/05/1997		23.7	MALE	UNRESERVED
9. WHETHER PERSON WITH DISABILITY (PWD) ?			9.1 IF YES, TYPE OF DISABILITY (OH, HH,VH, OTHERS)	
NO				11 3 1 3
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION		
CITIZEN OF INDIA			A BLACK MOLE BELOW THE NOSE	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING	
KERALA BOARD OF PUBLIC EXAMINAT		NATIONS	180891	2012
A444444	15. PF	REFERENCE OF	EXAMINATION CENTERS	2000,000
			ATION CENTRE EXAMINATION CENTRE PREFERENCE) (THIRD PREFERENCE)	
KOZHIKODE (CALICUT) (9206)		UDU	PI (9012)	THRISSUR (9212)
16. MEDIUM FOR TYPING TEST:		17. WHETHER 12TH STANDARD PASS IN SCIENCE STREAM WITH MATHEMATICS AS A SUBJECT FROM A RECOGNIZED BOARD OR EQUIVALENT(FOR C&AG AS DATA ENTRY OPERATOR):		
ENGLISH		NO NO STATE OF THE PROPERTY OF		
18.WHETHER EX- SERVICEMAN (ESM) ?			18.2. LENGTH OF SERVICE IN THE ARMED FORCES (IN YEARS)	
NO	PARK.	b- 3		The state of the s
18.3. HAVE YOU ALREADY AVAILING BENEFIT OF R SERVICEMA	RESERVATI		18.4. DATE OF JOINING TH	E CIVIL POST (DD/MM/YYYY)
सत्याच जनत	सत्याच जनत	8	सत्याय जयत	संस्थान जमते
200	19.1. WHE	THER SUFFERI	NG FROM CEREBRAL-PALSY?	

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19.2. DO YOU HAVE A PHYSICAL LIMITATION TO WRITE AND SCRIBE IS REQUIRED TO WRITE ON YOUR BEHALF (CERTIFICATE TO THIS EFFECT FROM THE CHIEF MEDICAL OFFICER/ CIVIL SURGEON & MEDICAL SUPERINTENDENT OF A GOVERNMENT HEALTH CARE INSTITUTION AS PER NOTICE OF THE EXAMINATION WOULD BE REQUIRED AT THE TIME OF EXAMINATION)? 19.3. WHETHER SCRIBE IS REQUIRED ? 19.4. WILL YOU 19.5. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE **MAKE YOUR MEDIUM OWN** ARRANGEMENT कर्मधारी व ा आयोग गरी युग्न आयोग OF SCRIBE ? क्षेत्रकारी क 20. WHETHER SEEKING AGE RELAXATION? 20.1 IF YES, AGE RELAXATION CODE NO 21. HIGHEST QUALIFICATION MCA (33) 22. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION वयम आयो 12TH STANDARD STATE/ UT OF NAME OF BOARD/ **STATUS PASSING YEAR** PERCENTAGE **CGPA ROLL NO BOARD/ UNIVERSITY** UNIVERSITY **APPEARING KERALA OTHERS** 23. DO YOU WANT TO MAKE AVAILABLE YOUR PERSONAL INFORMATION FOR ACCESSING JOB OPPORTUNITY IN TERMS OF DoP&T'S O.M NO.39020/1/2016-ESTT.(B) DATED 21.06.2016? YES ADDRESS DETAIL 24. CORRESPONDENCE ADDRESS 25. PERMANENT ADDRESS VADAKKEVEETTIL HOUSE PERAMBRA VIA VADAKKEVEETTIL HOUSE PERAMBRA VIA MENHANIAM POST KODERICHLIL MENHANIAM POST KODERICHLIL DISTRICT:KOZHIKODE DISTRICT: KOZHIKODE STATE: KERALA STATE: KERALA PIN: 673525 PIN: 673525 MOBILE NO: 9048211799 EMAIL: abhinzxperianz@gmail.com 28. WHETHER THE DATE OF PHOTOGRAPH IS CLEARLY 27. DATE ON WHICH PHOTOGRAPH HAS BEEN TAKEN (DD/MM/YYYY): PRINTED ON THE PHOTOGRAPH 09/11/2020 YES FEE PAYMENT **AMOUNT** TRANSACTION NO TRANSACTION DATE **NOT EXEMPTED** 100 कर्मधारी वय DECLARATION कर्मधारी वयम आयोग वयम आयो 1. I HAVE READ THE NOTICE OF EXAMINATION AND ACCEPT ALL THE TERMS & CONDITIONS MENTIONED THEREIN. 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. PRINT TAKEN ON: 05/12/2020 11:35:14 PM IP ADDRESS: 157.44.168.186 कर्मधारी वयम आयोग कर्मधारी वयम आयोग कर्मधारी व्यव ३ कर्मधारी वयम आयोग कर्मधारी वयम आयोग



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