



STAFF SELECTION COMMISSION
BLOCK NO. 12, CGO-COMPLEX, LODHI ROAD, NEW DELHI
110003
COMBINED HIGHER SECONDARY (10+2) LEVEL
EXAMINATION, 2022
REGISTRATION NO: 10001262242



APPLICATION RECEIVED (CONTENTS NOT VERIFIED)

Kn. Amon Makunga

1. NAME AS PER MATRICULATION	2. NEW/ CHANGED NA	3. FATHER'S NAME	4. MOTHER'S NAME
KN AMON MAKUNGA	-	KN MOTHIL MAKUNGA	KN TESHIL MAKUNGA
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2022	7. GENDER	8. CATEGORY
08/02/1994	27.1	MALE	ST
9. WHETHER PERSON WITH DISABILITY (PwBD) ?		9.1 IF YES, TYPE OF DISABILITY (OH, HH,VH, OTHERS)	
NO		-	
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION	
CITIZEN OF INDIA		A MOLE ON THE RIGHT SIDE OF THE FACE	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING
MANIPUR BOARD OF SECONDARY EDUCATION		20754	2009
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTRE (FIRST PREFERENCE)		EXAMINATION CENTRE (SECOND PREFERENCE)	
IMPHAL (5501)		KOHIMA (5302)	
		CHURACHANDPUR (5502)	
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		YES	
18.1. WHETHER YOU ARE AN EX-SERVICEMAN (ESM) OR SERVING IN THE ARMED FORCES?		18.2. DATE OF JOINING THE ARMED FORCES (DD/MM/YYYY)	18.3. DATE OF DISCHARGE/ LIKELY DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/ YYYY)
NO		-	-

18.4. LENGTH OF SERVICE IN THE ARMED FORCES		18.5. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) ?		18.6. DATE OF JOINING TO CIVIL POST (DD/MM/YYYY)		
-		-		-		
19.1.ARE YOU A PERSON WITH BENCHMARK DISABILITIES (i.e. 40% OR MORE) IN THE CATEGORY OF BLINDNESS, BOTH ARMS AFFECTED- BA AND/ OR CEREBRAL PALSY ?						
-						
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 MAKE YOUR OWN ARRANGEMENT OF SCRIBE ?		19.5. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM		
-		-		-		
20.1. WHETHER SEEKING AGE RELAXATION ?			20.2. IF YES, AGE RELAXATION CODE			
YES			01-SC/ST			
21. HIGHEST EDUCATIONAL QUALIFICATION						
B.SC. (HONS.) (10)						
22. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION						
12TH STANDARD						
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERSITY	NAME OF BOARD/ UNIVERSITY	ROLL NO	PERCENTAGE	CGPA
PASSED	2011	MANIPUR	MANIPUR COUNCIL OF HIGHER SECONDARY EDUCATION, IMPHAL	11607	57	-
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		
KHUNINGLUNG VILLAGE CHANDEL DISTRICT MANIPUR PO PALLEL PS PALLEL				KHUNINGLUNG VILLAGE CHANDEL DISTRICT MANIPUR PO PALLEL PS PALLEL		
DISTRICT: CHANDEL				DISTRICT: CHANDEL		
STATE: MANIPUR				STATE: MANIPUR		
PIN : 795135				PIN : 795135		
MOBILE NO: 7005457934				EMAIL: makungamon@gmail.com		
27. WHETHER THE PHOTOGRAPH HAS BEEN TAKEN ON OR AFTER 06-SEPTEMBER-2022?						
YES						
FEE PAYMENT		AMOUNT		TRANSACTION NO		TRANSACTION DATE
EXEMPTED		-		-		-

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.

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.

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IP ADDRESS: 47.29.98.253