

STAFF SELECTION COMMISSION

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

COMBINED HIGHER SECONDARY (10+2) LEVEL EXAMINATION, 2021



REGISTRATION NO: 75000207971

APPLICATION IS PROVISIONALLY ACCEPTED

1. NAME AS PER ATRICULATION CERTIFICATE 2.	NEW/ CHANGED NAME	3. FATHER'S NA	ME	4. MOTHER'S NAME	
NISHA KUMARI	कर्मधारी व्यन आय	MAHESHWAR TIWARI		INDUE वय व्यास अ	
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2022	7. GENDER		8. CATEGORY	
01/02/2000	21.11 FEMALE		24.44	UNRESERVED	
9. WHETHER PERSON WITH DISABILITY (PWD) ?		9.1 IF YES, TYPE OF DISABILITY (OH, HH,VH, OTHERS)			
NO	V		1	1. 3	
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION			
CITIZEN OF INDIA		BLACK DOT BELOW RIGHT EYE			
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO		14. MATRICULATION (10th CLASS) YEAR OF PASSING	
CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)		8619659		2015	
15	. PREFERENCE OF	EXAMINATION CENT	ERS		
EXAMINATION CENTRE (FIRST PREFERENCE)	EXAMINATION CENTRE (SECOND PREFERENCE)		EXAMINATION CENTRE (THIRD PREFERENCE)		
DELHI (2201)	KO	ΓΑ (2407)		JAIPUR (2405)	
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	कर्मधारी व्यव आयोग कर्मधार NQ व आयोग कर्मधारी वय व्यव अ				
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	, S			S 1 2	
18.4. LENGTH OF SERVICE IN THE ARMED FORCES	18.5. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EXSERVICEMAN (ESM) ?		18.6. DATE OF JOINING TO CIVIL POST (DD/MM/YYYY)		
- 191 W		EMAN (ESM) ? - NG FROM CEREBRAL-	PALSY?	O Control	

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 19.5. IF SCRIBE IS TO BE ARRANGED ARRANGEMENT OF SCRIBE? BY SSC, INDICATE MEDIUM 20.2. IF YES, AGE RELAXATION CODE 20.1. WHETHER SEEKING AGE RELAXATION? NO 21. HIGHEST EDUCATIONAL QUALIFICATION B. COM. (7) 22. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION 12TH STANDARD STATE/ UT OF NAME OF BOARD/ **ROLL NO STATUS PASSING YEAR** PERCENTAGE **CGPA BOARD/UNIVERSITY** UNIVERSITY CENTRAL BOARD OF SECONDARY **PASSED** 2017 **DELHI** 9600013 56.4 **EDUCATION** (CBSE) 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? NO ADDRESS DETAIL 24. CORRESPONDENCE ADDRESS 25. PERMANENT ADDRESS D-116/3, NEW ASHOK NAGAR D-116/3, NEW ASHOK NAGAR DISTRICT: EAST DELHI DISTRICT:EAST DELHI STATE: DELHI STATE: DELHI PIN: 110096 PIN: 110096 MOBILE NO: 8506884058 EMAIL: nk687705@gmail.com 27. WHETHER THE PHOTOGRAPH HAS BEEN TAKEN ON OR AFTER 01-NOV-2021? YES FEE PAYMENT **AMOUNT** TRANSACTION NO TRANSACTION DATE **EXEMPTED** DECLARATION $1.\,\mathrm{I}$ HAVE READ THE NOTICE OF THE EXAMINATION AND ACCEPT ALL THE TERMS & CONDITIONS OF $_{\mathrm{S}}$ 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 OF AFTER THE STIPULATED DATED. PRINT TAKEN ON: 03/02/2022 9:47:36 PM IP ADDRESS: 49.36.184.201 कर्मधारी वयम आयाग कर्मधारी वयम आया कर्मधारी वयम आयोग कमधारी वयम आयो

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