



STAFF SELECTION COMMISSION
BLOCK NO. 12, CGO COMPLEX, LODHI ROAD, NEW DELHI
110003

**MULTI TASKING (NON-TECHNICAL) STAFF, AND
HAVALDAR (CBIC & CBN) EXAMINATION, 2021**

REGISTRATION NO: 75000207971



APPLICATION IS PROVISIONALLY ACCEPTED

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
NISHA KUMARI	-	MAHESHWAR TIWARI	INDU
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2022	7. GENDER	8. CATEGORY
01/02/2000	21.11	FEMALE	UNRESERVED
9. WHETHER PERSON WITH DISABILITY (PwD)?		9.1 IF YES, TYPE OF DISABILITY	
NO		-	
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 CENTERS			
EXAMINATION CENTER (FIRST PREFERENCE)		EXAMINATION CENTER (SECOND PREFERENCE)	
DELHI (2201)		ROORKEE (2006)	
EXAMINATION CENTER (THIRD PREFERENCE)		HARIDWAR (2005)	
16.1. WHETHER YOU ARE AN EX-SERVICEMAN (ESM) OR SERVING IN THE ARMED FORCES?		16.2. DATE OF JOINING THE ARMED FORCES (DD/MM/YYYY)	
NO		-	
16.3. DATE OF DISCHARGE/ LIKELY DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/ YYYY)		16.4. LENGTH OF SERVICE IN THE ARMED FORCES	
-		16.5. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) ?	
-		16.6. DATE OF JOINING TO CIVIL POST (DD/MM/YYYY)	
-		-	
17.1 WHETHER SUFFERING FROM CEREBRAL PALSY			
-			
17.2 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)?			
-			
17.3 WHETHER SCRIBE IS REQUIRED		17.4 WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE?	
-		-	
17.5 IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM		-	
-		-	
18.1. WHETHER SEEKING AGE RELAXATION?		18.2. IF YES,INDICATE CODE	
NO		-	

19. STATE(S) / U.T.(S) / CCA(S) PREFERENCE CODE						
20,18,17,13,15,72,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,11,12,14,16,19,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45						
20. HIGHEST EDUCATIONAL QUALIFICATION						
B. COM. (7)						
21. DETAILS OF QUALIFYING EDUCATION						
10TH STANDARD						
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERSITY	NAME OF BOARD/ UNIVERSITY	ROLL NO	PERCENTAGE	CGPA
PASSED	2015	DELHI	CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)	8619659	-	7.4
22. 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						
23. CORRESPONDENCE ADDRESS			24. 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 ID: nk687705@gmail.com			
26. WHETHER THE PHOTOGRAPH HAS BEEN TAKEN ON OR AFTER 23-DEC-2021?						
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.						

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