



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: 20000718004



26/03/2022

Himanshu Kumar

APPLICATION IS PROVISIONALLY ACCEPTED

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
HIMANSHU KUMAR	-	ANIL KUMAR	SUNITA DEVI
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2022	7. GENDER	8. CATEGORY
21/11/1997	24.1	MALE	OBC
9. WHETHER PERSON WITH DISABILITY (PwD)?		9.1 IF YES, TYPE OF DISABILITY	
NO		-	
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION	
CITIZEN OF INDIA		MOLE ON THE LEFT SIDE OF NECK	
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)		7140544	2012
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER (FIRST PREFERENCE)		EXAMINATION CENTER (SECOND PREFERENCE)	
PATNA (3206)		PURNEA (3209)	
EXAMINATION CENTER (THIRD PREFERENCE)			
MUZAFFARPUR (3205)			
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)	16.3. DATE OF DISCHARGE/ LIKELY DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/ YYYY)	
NO	-	-	
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)	
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17.1 WHETHER SUFFERING FROM CEREBRAL PALSY			
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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)?			
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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	
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18.1. WHETHER SEEKING AGE RELAXATION?		18.2. IF YES,INDICATE CODE	
NO		-	

