



STAFF SELECTION COMMISSION  
BLOCK NO. 12, CGO-COMPLEX, LODHI ROAD, NEW DELHI  
110003  
COMBINED HIGHER SECONDARY (10+2) LEVEL  
EXAMINATION, 2022  
REGISTRATION NO: 30001218801



APPLICATION RECEIVED (CONTENTS NOT VERIFIED)

Archana Singh

1. NAME AS PER MATRICULATION	2. NEW/ CHANGED NA	3. FATHER'S NAME	4. MOTHER'S NAME
ARCHANA SINGH	-	PRAKASH SINGH	URMILLA SINGH
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2022	7. GENDER	8. CATEGORY
05/07/1998	23.5	FEMALE	OBC
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		CUT ON FOREHEAD	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING
BOARD OF HIGH SCHOOL AND INTERMEDIATE EDUCATION UTTAR PRADESH		2995699	2013
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTRE (FIRST PREFERENCE )	EXAMINATION CENTRE (SECOND PREFERENCE )	EXAMINATION CENTRE (THIRD PREFERENCE)	
PRAYAGRAJ ( 3003 )	VARANASI ( 3013 )	GORAKHPUR ( 3007 )	
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		
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) ?						
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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			
NO			-			
21. HIGHEST EDUCATIONAL QUALIFICATION						
M. SC. (27)						
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	2015	UTTAR PRADESH	BOARD OF HIGH SCHOOL AND INTERMEDIATE EDUCATION UTTAR PRADESH	2154888	81.4	-
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			
CHAKNARAYANPUR SHABAJPUR HATA			CHAKNARAYANPUR SHABAJPUR HATA			
DISTRICT: KUSHI NAGAR			DISTRICT:KUSHI NAGAR			
STATE: UTTAR PRADESH			STATE: UTTAR PRADESH			
PIN : 274203			PIN : 274203			
MOBILE NO: 8299445246			EMAIL: singharchana2906@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.

PRINT TAKEN ON: 25/12/2022 8:43:06 PM

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