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 $\begin{tabular}{ll} \label{table_portal_dashboard} \end{tabular} > \end{tabular} \begin{tabular}{ll} \end{tabular} Preview Form \end{tabular}$

Preview Form

Per	sonal Details
1. Car	ndidate's Name: (As per the Matriculation Certificate)
١	NINGTHOUJAM BIDYANDA SINGH
2. Nev	w / Changed Name:
	hers Name:
	NINGTHOUJAM BHEIGYACHANDRA SINGH ther's Name:
	NINGTHOUJAM LANDHONI DEVI
5. Dat	te of Birth (DD/MM/YYYY) (As per the Matriculation Certificate):
C	05/02/1994
6. Age	e as of 1/08/2024:
3	30 Years 5 Months 29 Days

3. Category:	
SC	
9. Whether Pers	son with Benchmark Disability (PwBD)?:
No	
9.1 If yes, Type o	of Disability:
10. Nationality:	
Citizen of Ir	ndia
L1. Visible Mark	of Identification:
ONE MOLE	ON THE RIGHT CHEECK
12. Matriculatio	n (10 th Class) Examination Board:
Manipur Bo	pard of Secondary Education
L3. Matriculatio	n (10 th Class) Year of Passing:
2009	
L4. Matriculatio	n (10 th Class) Roll No.:
3056	
L5.1. Permanen	t Address:
UPOKPI MA	ANING LEIKAI
15.2 State:	
Manipur	
L5.3 District:	
Bishnupur	

.5.4 Pin Code:	
795003	
.6.1. Correspondence Address:	
UPOKPI MANING LEIKAI	
16.2. State:	
Manipur	
16.3 District:	
Bishnupur	
16.4 Pin Code:	
795003	
17. Email:	
bidyandaningthoujam@gmail.com	
18. Mobile Number:	
7630052157	
Educational Details	Ø Edit
19. Highest Educational Qualification:	
Post Graduation	
20. Details of Qualifying Educational Qualification:	
12th Standard	
20.1. EQ Status:	
Passed	
20.2. Passing Year:	
2012	

20.4. Name of Board/ Unive	ersity:	
OTHERS		
20.5. Roll Number:		
3628435		
20.6. Percentage:		
46		
20.7. CGPA:		
Additional Detai	lc	
Additional Detai	ls	
		№ Fdit
		⊘ Edit
Additional Detai Additional Info		
Additional Info	rmation-l	
Additional Info	rmation-l	
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Additional Info	rmation-l -Servicemen (ESM) or serving in the Armed Fo	orces?:
Additional Info	rmation-I -Servicemen (ESM) or serving in the Armed Formed Forces (DD/MM/YYYY):	orces?:
Additional Info	rmation-I -Servicemen (ESM) or serving in the Armed Formed Formed Forces (DD/MM/YYYY): kely Date of Discharge from the Armed Forces	orces?:

No	
21.5 Date of Joining to Civil Post (DD/MM/YYYY):	
22. Whether seeking Age Relaxation?:	
Yes	
22.1. If Yes, Age Relaxation Code:	
01 - SC/ST	
23. Do you want to make your personal information available for access DoP&T's OM No.39020/1/2016-Estt.(P) dated 21/06/2016?:	sing job opportunities in terms of
Yes	
Additional Information-II	A
	<i>⊘</i> Edit
4. Preference of Examination Centres:	<i>⊘</i> Edit
4. Preference of Examination Centres: 24.1. Preference 1:	⊘ Edit
4. Preference of Examination Centres:	⊘ Edit
4. Preference of Examination Centres: 24.1. Preference 1: NER-Imphal (5501)	Edit
4. Preference of Examination Centres: 24.1. Preference 1: NER-Imphal (5501)	<i>℃</i> Edit
4. Preference of Examination Centres: 24.1. Preference 1: NER-Imphal (5501) 24.2. Preference 2: NER-Guwahati (Dispur) (5105)	€ Edit
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4. Preference of Examination Centres: 24.1. Preference 1: NER-Imphal (5501) 24.2. Preference 2: NER-Guwahati (Dispur) (5105) 24.3. Preference 3: NER-Kohima (5302)	Edit
24.1. Preference 1: NER-Imphal (5501) 24.2. Preference 2: NER-Guwahati (Dispur) (5105) 24.3. Preference 3: NER-Kohima (5302)	Edit
4. Preference of Examination Centres: 24.1. Preference 1: NER-Imphal (5501) 24.2. Preference 2: NER-Guwahati (Dispur) (5105) 24.3. Preference 3: NER-Kohima (5302)	Edit
24.1. Preference 1: NER-Imphal (5501) 24.2. Preference 2: NER-Guwahati (Dispur) (5105) 24.3. Preference 3: NER-Kohima (5302)	Edit

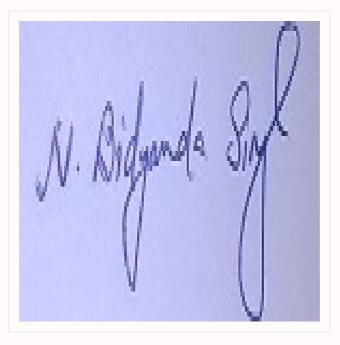
	u a person with benchmark disabilities (40% or more) in the category of OH- Both Arms H-BA) or OH- Cerebral Palsy (OH-CP)?:
No	
from compe	have a Physical limitation to write as per para 7.2 or 7.3 of the notice (Certificate to this effect etent authority as per format at Annexure-I/Annexure-IA to the notice of Examination would be the time of Examination)?:
No	
27.4. Wheth	uer scribe is required?:
No	
27.5. Will yo	ou make your own arrangement of Scribe?:
No	
27.6. If Scrib	e is to be arranged by SSC, then indicate medium:
	r 12th standard pass in Science Stream with Mathematics as a subject from a recognized Boa nt (for DEOs in Department/Ministry mentioned at Para 8.1 of the Notice):

3 Uploaded Documents:

Photo



Signature



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Last updated on Apr 29, 2024