



## STAFF SELECTION COMMISSION

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

COMBINED GRADUATE LEVEL EXAMINATION, 2020



D.O.P. 01-11-2020

REGISTRATION NO: 92000315845

APPLICATION IS INCOMPLETE

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1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/ CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
DINESH	-	MOHAR SINGH	SULOCHANA
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2021	7. GENDER	8. CATEGORY
03/08/1999	21.4	MALE	OBC
9. WHETHER PERSON WITH DISABILITY (PWD) ?		9.1 IF YES, TYPE OF DISABILITY (OH, HH, VH, OTHERS)	
NO		-	
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION	
CITIZEN OF INDIA		BLACK MOLE ON LEFT HAND	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING
BOARD OF SCHOOL EDUCATION HARYANA		AP-051085	2014
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER (FIRST PREFERENCE )		EXAMINATION CENTER (SECOND PREFERENCE )	EXAMINATION CENTER (THIRD PREFERENCE )
DELHI ( 2201 )		BIKANER ( 2404 )	JAIPUR ( 2405 )
16.1. WHETHER EX-SERVICEMAN (ESM) ?	16.2. LENGTH OF SERVICE IN THE ARMED FORCES (IN YEARS)	16.3. DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)	
NO	-	-	
16.4. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) ?		16.5. DATE OF JOINING THE CIVIL POST (DD/MM/YYYY)	
-		-	
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		
-		-		-		
18. ARE YOU ALSO APPLYING FOR THE POST OF JUNIOR STATISTICAL OFFICER (MoSPI)?			19. DO YOU POSSESS EQ FOR THE POST OF JUNIOR STATISTICAL OFFICER (MoSPI)?			
NO			-			
20. WHETHER SEEKING AGE RELAXATION ?			20.1 IF YES, AGE RELAXATION CODE			
NO			-			
21. HIGHEST EDUCATIONAL QUALIFICATION						
B.SC. (HONS.) (10)						
22. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION						
GRADUATION						
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERSITY	NAME OF BOARD/ UNIVERSITY	ROLL NO	PERCENTAGE	CGPA
PASSED	2020	DELHI	UNIVERSITY OF DELHI	17035570021	-	7.63
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 ?						
YES						
ADDRESS DETAIL						
24. CORRESPONDENCE ADDRESS			25. PERMANENT ADDRESS			
H NO 565/210 GALI NO 6 LAXMAN VIHAR PHASE 1 GURUGRAM			WARD NO 13 VPO DADREWA TEH SADULPUR			
DISTRICT: GURUGRAM			DISTRICT:CHURU			
STATE: HARYANA			STATE: RAJASTHAN			
PIN : 122001			PIN : 331023			
MOBILE NO: 8920114581			EMAIL: navyrocks1999@gmail.com			
27. DATE ON WHICH THE UPLOADED PHOTOGRAPH HAS BEEN TAKEN (DD/MM/YYYY):			28. WHETHER THE DATE OF PHOTOGRAPH IS CLEARLY PRINTED ON THE PHOTOGRAPH			
01/11/2020			YES			
FEE PAYMENT	AMOUNT		TRANSACTION NO		TRANSACTION DATE	
NOT EXEMPTED	100		-		-	
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.						

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