



योग: कर्मसु कौशलम्

GUJARAT UNIVERSITY

Estd. 1949

CCC EXAMINATION FOR GOVERNMENT EMPLOYEE REGISTRATION FORM

Exam Seat No :

Application Form No : GUCCC19062364

Course Name : CCC - EXAMINATION



Ramesh

Personal Details

Full Name : PARMAR RAMESHBHAI PARASOTTAMBHAI

Date of Birth : 25/7/1969

Age : 49Y

Mobile : 9925082571

Gender : ☒ Male ☐ Female ☐ Transgender

Designation : POLICE CONTABLE

Aadhaar Card No. : 248747466303

GPF/CPF Account No. :

Marital Status : MARRIED

Caste : SC

Present Address : 57, RISHI PARK, OPP. VALLABHA HOMES,
NEAR GANESH NAGAR, DABHOI ROAD

Village Name : VADODARA

District : VADODARA

Taluka : VADODARA

State : GUJARAT

Pincode : 390004

Whether Physically Handicapped? : ☐ Yes ☒ No

Are You Blind? : ☐ Yes ☒ No

Whether Ex-Servicemen? : ☐ Yes ☒ No

Whether Likely to be promoted higher scales within months? : YES

Date of Joining GOVT. Services : 21/10/1994

Date of Joining in Department : 21/10/1994

Date of Retirement : 21/10/2028

Organizational Details

Exam Type : THEORY AND PRACTICAL

Name of Secretariat : POLICE COMMISSIONER

Name of Department : GUJARAT POLICE

Name of Institute : VADODARA POLICE

Institute/Office Address : VADODARA CITY MT SECTION,
VADODARA CITY POLICE,
PRATAPNAGAR, VADODARA

Village Name : VADODARA **Taluka :** VADODARA

District: VADODARA **State :** GUJARAT

Pincode : 390004

Name & Designation of Head of institute/office : M G SOLANKI

Contact No. of Head : 9426306245

Email Id of Head : ramesh25071969@gmail.com

Payment Details

Date : 15/03/2019 **Transaction Number :** GUC1234294878

Amount : 200 **Payment Type :** Online

Documents :

- ☒ **AADHAAR CARD** **Aadhaar Card No.** 248747466303
- ☐ **PAN CARD**
- ☐ **VOTER ID**
- ☐ **DRIVING LICENSE**
NO

Declaration

I declare that I have filled the application form after thoroughly understanding rules and the information filled by me in the application form is correct and true to the best of my knowledge and belief.
I also understand that my application will be rejected if any of the information submitted in this form is found to be incorrect / false.

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the information given in this registration form for CCC examination is verified and found to be correct as per the office records.

Signature of the Official Designation:

Name of the Official :

Email address:

Please paste your latest photo duly stamped
by your department head

Note:- ઉમેદવારોએ તેમના પરીક્ષા સમયે તેમના ડિપાર્ટમેન્ટ હેડ દ્વારા સહી કરેલ અરજી ફોર્મની હાર્ડ કોપિ સબમિટ કરાવવી.