



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: 83000232081



Baljeet Yadav

APPLICATION IS INCOMPLETE

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
BALJEET YADAV	-	VISHAMBHAR YADAV	RESHMA YADAV
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2022	7. GENDER	8. CATEGORY
10/07/1994	27.5	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 NECK	
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		1947510	2008
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER (FIRST PREFERENCE)		EXAMINATION CENTER (SECOND PREFERENCE)	
GORAKHPUR (3007)		LUCKNOW (3010)	
EXAMINATION CENTER (THIRD PREFERENCE)		VARANASI (3013)	
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)	
NO		-	
16.3. DATE OF DISCHARGE/ LIKELY DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/ YYYY)		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)	
-		-	
17.1 WHETHER SUFFERING FROM CEREBRAL PALSY			
-			
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)?			
-			
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		-	
-		-	
18.1. WHETHER SEEKING AGE RELAXATION?		18.2. IF YES,INDICATE CODE	
-		-	

YES			02-OBC			
19. STATE(S) / U.T.(S) / CCA(S) PREFERENCE CODE						
25,20,22,17,24,21,12,13,14,45,56,54,34,55,67,31,15,16,23,18,47,48,49,52,51,11,72,70,71,19,29,27,43,50,64,58,57,60,65,66,28,59,32,44,68,63,62,61,46,33,37,39,38,35,40,42,26,53,30,41,69,36						
20. HIGHEST EDUCATIONAL QUALIFICATION						
DIPLOMA (4)						
21. DETAILS OF QUALIFYING EDUCATION						
10TH STANDARD						
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERSITY	NAME OF BOARD/ UNIVERSITY	ROLL NO	PERCENTAGE	CGPA
PASSED	2008	UTTAR PRADESH	BOARD OF HIGH SCHOOL AND INTERMEDIATE EDUCATION UTTAR PRADESH	1947510	60.16	-
22. 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						
23. CORRESPONDENCE ADDRESS			24. PERMANENT ADDRESS			
H NO 40Z AREA SINGHARIA POST KUNRAGHAT CITY GORAKHPUR			H NO 40Z AREA SINGHARIA POST KUNRAGHAT CITY GORAKHPUR			
DISTRICT: GORAKHPUR			DISTRICT: GORAKHPUR			
STATE: UTTAR PRADESH			STATE: UTTAR PRADESH			
PIN: 273008			PIN: 273008			
MOBILE NO. : 7317703566			EMAIL ID: baljeety285@gmail.com			
26. WHETHER THE PHOTOGRAPH HAS BEEN TAKEN ON OR AFTER 23-DEC-2021?						
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.						
3. I DECLARE THAT THE PHOTOGRAPH UPLOADED IN THE APPLICATION FORM HAS BEEN TAKEN ON OR AFTER THE STIPULATED DATED.						

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IP ADDRESS: 205.254.167.78