



STAFF SELECTION COMMISSION

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

COMBINED HIGHER SECONDARY (10+2) LEVEL EXAMINATION 2019

REGISTRATION NO: 50000976912

APPLICATION IS PROVISIONALLY ACCEPTED



MADHURI H. SONEWANE

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/ CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
MADHURI HUKUMRAJ SONEWANE		HUKUMRAJ SONEWANE	JAYSHILA SONEWANE
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2020	7. GENDER	8. CATEGORY
26/05/1996	23.7	FEMALE	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		MOLE RIGHT SIDE FACE	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD	13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING	
MAHARASHTRA STATE BOARD OF SECONDARY AND HIGHER SECONDARY EDUCATION	J165097	2012	
15. DO YOU BELONG TO ECONOMICALLY WEAKER SECTION (EWS) ?			
16. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTRE (FIRST PREFERENCE)	EXAMINATION CENTRE (SECOND PREFERENCE)	EXAMINATION CENTRE (THIRD PREFERENCE)	
NAGPUR (7205)	NANDED (7206)	NASHIK (7207)	
17. MEDIUM FOR TYPING TEST:	18. 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	YES		
19.WHETHER EX-SERVICEMAN (ESM) ?	19.1. DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)	19.2. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) ?	
NO			
19.3. DATE OF JOINING THE CIVIL POST (DD/MM/YYYY)		19.4. LENGTH OF SERVICE IN ARMED FORCES (IN YEARS)	
20.1. WHETHER SUFFERING FROM CEREBRAL-PALSY ?			

20.2. 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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20.3. WHETHER SCRIBE IS REQUIRED ?	20.4. WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE ?	20.5. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM	
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21. WHETHER SEEKING AGE RELAXATION ?		21.1 IF YES, AGE RELAXATION CODE	
NO		-	
22. QUALIFICATION DETAILS		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 ?	
B. COM. (7)		NO	
ADDRESS DETAIL			
24. CORRESPONDENCE ADDRESS		25. PERMANENT ADDRESS	
AT-DANDEGAON PO-DANDEGAON TH- GONDIA DIST- GONDIA 441614		AT-DANDEGAON PO-DANDEGAON TH- GONDIA DIST- GONDIA 441614	
DISTRICT: GONDIA		DISTRICT:GONDIA	
STATE: MAHARASHTRA		STATE: MAHARASHTRA	
PIN : 441614		PIN : 441614	
MOBILE NO: 7498950562		EMAIL: madhusonewane1996@gmail.com	
FEE PAYMENT	AMOUNT	TRANSACTION NO	TRANSACTION DATE
EXEMPTED	-	-	-
DECLARATION			
1. I HAVE READ THE NOTICE OF EXAMINATION AND ACCEPT ALL THE TERMS & CONDITIONS MENTIONED THEREIN.			
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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