



STAFF SELECTION COMMISSION  
BLOCK NO. 12, CGO COMPLEX, LODHI ROAD, NEW DELHI  
110003

MULTI TASKING (NON-TECHNICAL) STAFF  
EXAMINATION, 2020

REGISTRATION NO: 40001558490

APPLICATION IS INCOMPLETE



20/02/2021

Amit Kumar Nandi

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
AMIT KUMAR NANDI	-	ARUN KUMAR NANDI	RUPA NANDI
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2021	7. GENDER	8. CATEGORY
04/07/1999	21.5	MALE	UNRESERVED
9. WHETHER PERSON WITH DISABILITY (PwD)?		9.1 IF YES, TYPE OF DISABILITY	
NO		-	
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION	
CITIZEN OF INDIA		CHIN BOTH MOLE	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING
WEST BENGAL BOARD OF SECONDARY EDUCATION		103971B-0125	2015
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER ( FIRST )		EXAMINATION CENTER ( SECOND )	
HOOGHLY ( 4418 )		KOLKATA ( 4410 )	
EXAMINATION CENTER ( THIRD )		SILIGURI ( 4415 )	
16.1. WHETHER EX-SERVICEMAN (ESM)?		16.2. LENGTH OF SERVICE IN THE ARMED FORCES ( IN YEARS )	
NO		-	
16.3. DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)		16.4. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) ?	
-		-	
16.5. 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)?			
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