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STAFF SELECTION COMMISSION

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

MULTI TASKING (NON-TECHNICAL) STAFF EXAMINATION, 2020

REGISTRATION NO: 40001558490



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NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S NA	ME	4. MOTHER'S NAME	
AMIT KUMAR NANDI	TYN	ARUN KUMAR N	ANDI	RUPA NANDI	
DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2021	7. GENDER	3	8. CATEGORY	
04/07/1999	21.5	MALE	على ﴿	UNRESERVED	
9. WHETHER PERSON WITH DIS	SABILITY (PwD)?	9.1 IF Y	ES, TYPI	E OF DISABILITY	
NO					
10. NATIONALIT	11. MARK OF VISIBLE IDENTIFICATION				
CITIZEN OF INDI	CHIN BOTH MOLE				
12. MATRICULATION (10th CLASS BOARD	13. MATRICULATION (10th CLASS) ROLL NO		14. MATRICULATION (10th CLASS) YEAR OF PASSING		
WEST BENGAL BOARD OF SECON	DARY EDUCATION	103971B-0125	5	2015	
	5. PREFERENCE OF E	XAMINATION CENTI	ERS	A S F HIL	
EXAMINATION CENTER (FIRST)	EXAMINATION (CENTER (SECOND)	EXAM	MINATION CENTER (THIRD)	
HOOGHLY (4418)	KOLKA	TA (4410)	00	SILIGURI (4415)	
16 1 W/DETUDED BY	LENGTH OF SERVICE THE ARMED FORCES (IN YEARS)	16.3. DATE OF		ARGE FROM ARMED FORCES /MM/YYYY)	
NO		1	X, 12 Person	-	
16.4. HAVE YOU ALREADY JOI VAILING BENEFIT OF RESERVATI (ESM) ?		MAN 16.5. DATE OF JOINING TO CIVIL POST (DD/MM/YYYY)			
	2	FR S	3		
17.1	WHETHER SUFFERIN	IC EDOM CEDEDDAL	DALCY	All V	

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)?

			.4 WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE?		17.5 IF SCRIBE IS ARRANGED BY SSC, MEDIUM	INDICATE		
01.05	<u> </u>		\$ S					
18. WI	HETHER SEEI	KING AGE RELAXAT	TON?	main and	18.1 IF YE	S,INDICATE CODE	9	
	3	NO 10 STAT	TE(C) / II T (C)	PREFERENCE	CODE			
CATOM COM	NΑG	CTION CO.	. , . ,	CHARGO .		XXXXXX		
N,A,G,N,X,X,X,X,X,X,X,X,X,X,X,X,X,X,X,X,X,X								
and Steam				R SECONDAR'		AUNG SISTER		
	3	21. DETA	ILS OF QUAI	LIFYING EDUC	ATION	(V) (S)		
4 2	18	N. 18	10TH STA	ANDARD	(E 1)	2 , 3	K 1	
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERS		OF BOARD/ VERSITY	ROLL N	O PERCENTAGE	CGPA	
PASSED	2017 दावा व कर्मधारी व्यव	WEST BENGAL	COUNCI SEC EDUCA	T BENGAL L OF HIGHER ONDARY TION, WEST ENGAL	22301110	out I	्र _{दर्गा व} र्गा व्यवस्था	
2. DO YOU V		KE AVAILABLE YO ERMS OF DoP&T'S O.				CCESSING JOB OPPOR 06 2016 ?	TUNITY IN	
2777777		Section 1	N	,	,	Service Control		
100		THE WAR	ADDRES	S DETAIL	1 5	, 45¢ V.		
23. CORRESPONDENCE ADDRESS				24. PERMANENT ADDRESS				
BANDEL HOOGHLY			PRATAPPUR GOPINATHPUR KOTULPUR BANKURA					
DISTRICT: HOOGHLY			DISTRICT: BANKURA					
STATE: WEST BENGAL			STATE: WEST BENGAL					
PIN: 712123				PIN: 722161				
MOBILE NO. : 8250265702				EMAIL ID: amitnandi7063@gmail.com				

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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PRINT TAKEN ON: 21/02/2021 2:16:08 PM

FEE PAYMENT

NOT EXEMPTED

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26. DATE ON WHICH PHOTOGRAPH HAS BEEN TAKEN

(DD/MM/YYYY):

20/02/2021

AMOUNT

100

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IP ADDRESS: 113.21.71.68

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TRANSACTION DATE

27. WHETHER THE DATE OF PHOTOGRAPH IS CLEARLY

PRINTED ON THE PHOTOGRAPH

YES

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TRANSACTION NO