



STAFF SELECTION COMMISSION
BLOCK NO. 12, CGO-COMPLEX, LODHI ROAD, NEW DELHI
110003
STENOGRAPHER GRADE 'C' & 'D' EXAMINATION,
2023



REGISTRATION NO: 40006807154

APPLICATION RECEIVED (CONTENTS NOT VERIFIED)			
1. NAME AS PER MATRICULATION CERTIFICATE NEHA KUMARI	2. NEW/ CHANGED NAME -	3. FATHER'S NAME SURYA BALI SAW	4. MOTHER'S NAME SABITA DEVI
5. DATE OF BIRTH (DD/MM/YYYY) 26/01/2002	6. AGE AS ON 01/08/2023 21.6	7. GENDER FEMALE	8. CATEGORY UNRESERVED
9. WHETHER PERSON WITH DISABILITY (PwBD) ? NO		9.1 IF YES, TYPE OF DISABILITY (OH, HH, VH, OTHERS) -	
10. NATIONALITY CITIZEN OF INDIA		11. MARK OF VISIBLE IDENTIFICATION MOLE IN LEFT FINGER OF RIGHT HAND	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)		13. MATRICULATION (10th CLASS) ROLL NO 7219476	14. MATRICULATION (10th CLASS) YEAR OF PASSING 2017
15. DO YOU POSSESS KNOWLEDGE OF STENOGRAPHY ? YES			
16. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER (FIRST PREFERENCE) RANCHI (4205)	EXAMINATION CENTER (SECOND PREFERENCE) KOLKATA (4410)	EXAMINATION CENTER (THIRD PREFERENCE) BHUBANESHWAR (4604)	
17.1. WHETHER YOU ARE AN EX-SERVICEMAN (ESM) OR SERVING IN THE ARMED FORCES? NO	17.2. DATE OF JOINING THE ARMED FORCES (DD/MM/YYYY) -	17.3. DATE OF DISCHARGE/ LIKELY DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY) -	
17.4. LENGTH OF SERVICE IN ARMED FORCES -	17.5 HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) ? -	17.4. DATE OF JOINING TO CIVIL POST (DD/MM/YYYY) -	
18.1. ARE YOU A PERSON WITH BENCHMARK DISABILITIES (40% OR MORE) IN THE CATEGORY OF OH-CEREBRAL PALSY (OH-CP)? -			
18.2. ARE YOU A PERSON WITH BENCHMARK DISABILITIES (40% OR MORE) IN THE CATEGORY OF BLINDNESS (VH)?: -			
18.3. ARE YOU A PERSON WITH BENCHMARK DISABILITIES (40% OR MORE) IN THE CATEGORY OF OH-BOTH ARMS AFFECTED (OH-BA)?: -			

18.4. 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) ?						
NO						
18.5. WHETHER SCRIBE IS REQUIRED ?		18.6. WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE ?		18.7. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM		
-		-		-		
19. LANGUAGE/ MEDIUM OF SKILL TEST			20. POST(S) APPLYING FOR			
ENGLISH			STENOGRAPHER GRADE C			
21.1 WHETHER SEEKING AGE RELAXATION ?			21.2 IF YES, AGE RELAXATION CODE			
NO			-			
22. HIGHEST EDUCATIONAL QUALIFICATION						
DIPLOMA (4)						
23. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION						
EQUIVALENT TO 12TH STANDARD						
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERSITY	NAME OF BOARD/ UNIVERSITY	ROLL NO	PERCENTAGE	CGPA
PASSED	2017	JHARKHAND	OTHERS	17401050026	81.75	-
24. 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 ?						
NO						
ADDRESS DETAIL						
25. CORRESPONDENCE ADDRESS			26. PERMANENT ADDRESS			
D21 OFFICER COLONY DUGDA BOKARO			D21 OFFICER COLONY DUGDA BOKARO			
DISTRICT: BOKARO			DISTRICT: BOKARO			
STATE: JHARKHAND			STATE: JHARKHAND			
PIN : 828404			PIN : 828404			
MOBILE NO: 8294372130			EMAIL: nehakumarigupta2322@gmail.com			
28. WHETHER PHOTOGRAPH HAS BEEN TAKEN ON OR AFTER 03-MAY-2023?						
YES						
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.						
3. I DECLARE THAT THE PHOTGRAPH UPLOADED IN APPLICATION FORM IS NOT MORE THAN 3 MONTHS OLD.						
4. I AGREE TO AUTHORIZE SSC TO USE MY AADHAAR DATA FOR VERIFICATION PURPOSE. *VERIFICATION WILL BE SUBJECT TO AUTHORIZATION FROM COMPETENT AUTHORITY.						

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IP ADDRESS:223.190.170.187

NUMBER OF ATTEMPT: 1

