



**STAFF SELECTION COMMISSION**  
BLOCK NO. 12, CGO-COMPLEX, LODHI ROAD, NEW DELHI  
110003  
STENOGRAPHER GRADE 'C' and 'D' EXAMINATION,  
2020



REGISTRATION NO: 10002258644

APPLICATION IS PROVISIONALLY ACCEPTED

1. NAME AS PER MATRICULATION		2. NEW/	3. FATHER'S NAME	4. MOTHER'S NAME
NETHRAVATHI A		-	ANNEGOWDA	MANJULA
5. DATE OF BIRTH (DD/MM/YYYY)		6. AGE AS ON	7. GENDER	8. CATEGORY
09/03/1999		01/08/2020	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			AADHAAR	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD			13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING
KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD			20140429316	2014
15. DO YOU POSSESS KNOWLEDGE OF STENOGRAPHY ?				
YES				
16. PREFERENCE OF EXAMINATION CENTERS				
EXAMINATION CENTER ( FIRST )		EXAMINATION CENTER ( SECOND )		EXAMINATION CENTER ( THIRD )
MYSURU ( 9009 )		MANGALURU ( 9008 )		UDUPI ( 9012 )
17. WHETHER EX-SERVICEMAN ( ESM ) ?	17.1. DATE OF DISCHARGE FROM ARMED FORCES ( DD/MM/YYYY )		17.2. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN ( ESM ) ?	
NO	-		-	
17.3. DATE OF JOINING THE CIVIL POST ( DD/MM/YYYY )			17.4. LENGTH OF SERVICE IN ARMED FORCES ( IN YEARS )	
-			-	
18.1. WHETHER SUFFERING FROM CEREBRAL PALSY ?				
-				
18.2. 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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18.3. WHETHER SCRIBE IS REQUIRED ?		18.4. WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE ?		18.5. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM
-		-		-



19. LANGUAGE/ MEDIUM OF SKILL TEST		20. POST(S) APPLYING FOR		
ENGLISH		BOTH (STENOGRAPHER GRADE C AND GRADE D)		
21. WHETHER SEEKING AGE RELAXATION ?		21.1 IF YES,INDICATE CODE		
NO		-		
22. QUALIFICATION DETAILS				
BE (13)				
23. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION				
12TH STANDARD				
BOARD/ UNIVERSITY	ROLL NO	YEAR OF PASSING	PERCENTAGE	CGPA
KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD	473256	2016	89.83	-
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. POSTAL ADDRESS		26. PERMANENT ADDRESS		
NETHRAVATHI A D/O ANNEGOWDA ATTIMARADAKOPPALU VILLAGE ARAKALGUD TALUK		NETHRAVATHI A D/O ANNEGOWDA ATTIMARADAKOPPALU VILLAGE ARAKALGUD TALUK		
DISTRICT: HASSAN		DISTRICT:HASSAN		
STATE: KARNATAKA		STATE: KARNATAKA		
PIN : 573130		PIN : 573130		
MOBILE NO: 9845761418		EMAIL: nethravathia915@gmail.com		
FEE PAYMENT	AMOUNT	TRANSACTION NO	TRANSACTION DATE	
EXEMPTED	-	-	-	
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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