## Staff Selection Commission

Communication Address

MEGHWALO KA VAS RAIPUR

RAIPUR, SIROHI

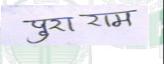
RAJASTHAN,307513

(Block No. 12, CGO-Complex, Lodhi Road, New Delhi 110003)

Selection Post Examination Phase-VI, 2018 Registration No: 61001269559

Application Status: Application provisionally submitted





Permanent Address

MEGHWALO KA VAS RAIPUR REODAR SIROHI 307513

District:

State: Rajasthan

Preference of examination center & Document verification center	Region for Posts		Post Category Number		Post Name			
Delhi	NWR			NW10518		Junior Physiotherapist		
Name		Father Name		Mother Nan		me	Date of Birth	
PURA RAM		MAVA RAM		LEELA DEV		VI 1998-05-08		
Gender		Nation		nality		Cate	Category	
Male	Ind		lian		SC	SC		
Whether ex-serviceman	Length of Service		ice	Date of Discharge		If ExS, whether eligible for reservation?		
No								
Seeking Age Relaxation? Ag	ng Age Relaxation? Age Relaxation code		Whether Person with Disability?		If yes,type of disability(OH,HH,VI		Age as on 01/08/2018	
No	The state of the s		No		13)		20.2	
Do you suffer from Cerebal Palsy(40% or more)?	Do you suffer from Locomotor Disability (40% or more) wherein the dominant writing extremity is affected to the extent of slowing down the performance?			Whether scribe is required in case of VH/Cerebral Palsy/Locomotor Disability (40% or More)?		If scribe is required, then indicat medium		
No	No		No					
Fee	Amount		Transaction-ID		Tra	nnsaction Date		
Fee Exempted								
Do you want to make avai	lable your p	ersonal ir .39020/1/2	2016-Estt.	n for access (B) dated 2	ing job opportunity 21.06.2016 ?	in terms o	f Dop&T's O.M.	
		Ed	ucational	Qualification	on			
Course		Subject		107217 1.15613	entage of marks		Medium	
1. DEGREE IN PHYSIOTHERAPY FROM A RECOGNIZED UNIVERSITY OR INSTITUTE, AND 2. TWO YEARS EXPERIENCE IN PHYSIOTHERAPY IN A HOSPITAL OR MEDICAL INSTITUTE		SIOTHERA	APY		52.00		Hindi	
	Details	of Work	Experienc	e / Govt. Se	ervice rendered)		1 J. 1	
Name of Organization(s)		Designation		Nature of Duty(ies)		Per	Period of Service	
					ر حالت الأرث	The state of the s		
				13			-	

		Pin Code: 307513						
	Declarat	ion						
hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge nd 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								
		Printed on:(mm/dd/yyyy): (	09/20/2018 23:09:17					
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