



STAFF SELECTION COMMISSION
BLOCK NO. 12, CGO-COMPLEX, LODHI ROAD, NEW DELHI
110003
COMBINED GRADUATE LEVEL EXAMINATION, 2022

REGISTRATION NO: 50003242968



APPLICATION RECEIVED (CONTENTS NOT VERIFIED)

Basirat

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/ CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
SHAIKH BASIRAT TAZIN SHAIKH KHAYAMUDDIN	-	SHAIKH KHAYAMUDDIN	SHAIKH SHAISTA
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2022	7. GENDER	8. CATEGORY
21/05/1993	28.7	FEMALE	UNRESERVED
9. WHETHER PERSON WITH BENCHMARK DISABILITY (PwBD) ?	9.1 IF YES, TYPE OF DISABILITY (OH, HH, VH, OTHERS)		
NO	-		
10. NATIONALITY	11. MARK OF VISIBLE IDENTIFICATION		
CITIZEN OF INDIA	MOLE ON CHIN		
12. MATRICULATION (10th CLASS) EXAMINATION BOARD	13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING	
MAHARASHTRA STATE BOARD OF SECONDARY AND HIGHER SECONDARY EDUCATION	K007338	2008	
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER (FIRST PREFERENCE)	EXAMINATION CENTER (SECOND PREFERENCE)	EXAMINATION CENTER (THIRD PREFERENCE)	
AURANGABAD (7202)	NANDED (7206)	NASHIK (7207)	
16.1. WHETHER YOU ARE AN EX-SERVICEMAN (ESM) OR SERVING IN THE ARMED FORCES?	16.2. DATE OF JOINING THE ARMED FORCES (DD/MM/YYYY)	16.3. DATE OF DISCHARGE/ LIKELY DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/ YYYY)	
NO	-	-	
16.4. LENGTH OF SERVICE IN THE ARMED FORCES	16.5. 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)	
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17. 1. ARE YOU A PERSON WITH BENCHMARK DISABILITIES (i.e. MORE THAN 40%) IN THE CATEGORY OF BLINDNESS, LOCOMOTOR DISABILITY (BOTH ARMS AFFECTED- BA) AND 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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17.3. WHETHER SCRIBE IS REQUIRED ?		17.4. WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE ?		17.5. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM		
-		-		-		
18.1. ARE YOU ALSO APPLYING FOR THE POST OF JUNIOR STATISTICAL OFFICER (MoSPI)?			18.2. DO YOU POSSESS EQ FOR THE POST OF JUNIOR STATISTICAL OFFICER (MoSPI)?			
NO			-			
19.1. WHETHER SEEKING AGE RELAXATION ?			19.2. IF YES, AGE RELAXATION CODE			
NO			-			
20. HIGHEST EDUCATIONAL QUALIFICATION						
M.E. (30)						
21. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION						
GRADUATION						
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERSITY	NAME OF BOARD/ UNIVERSITY	ROLL NO	PERCENTAGE	CGPA
PASSED	2018	MAHARASHTRA	DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY	9D0000643	-	7.66
22. 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 ?						
YES						
ADDRESS DETAIL						
23. CORRESPONDENCE ADDRESS			24. PERMANENT ADDRESS			
H-NO 3-11-57 MEHMOOD PALACE BUKKALGUDA SHAHUNJ AURANGABAD			H-NO 3-11-57 MEHMOOD PALACE BUKKALGUDA SHAHUNJ AURANGABAD			
DISTRICT: AURANGABAD			DISTRICT: AURANGABAD			
STATE: MAHARASHTRA			STATE: MAHARASHTRA			
PIN : 431001			PIN : 431001			
MOBILE NO: 9527011843			EMAIL: basirat8888@gmail.com			
26. WHETHER THE PHOTOGRAPH HAS BEEN TAKEN ON OR AFTER 17-JUNE-2022?						
YES						
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.

3. I DECLARE THAT THE PHOTOGRAPH UPLOADED IN THE APPLICATION FORM HAS BEEN TAKEN ON OR AFTER THE STIPULATED DATED.

4. I AGREE TO AUTHORIZE SSC TO USE MY AADHAR DATA FOR VERIFICATION PURPOSE.

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