



# STAFF SELECTION COMMISSION

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

MULTI TASKING (NON-TECHNICAL) STAFF, AND  
HAVALDAR (CBIC & CBN) EXAMINATION, 2021

REGISTRATION NO: 94000120067



Suresh Kumar

APPLICATION IS INCOMPLETE

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
SURESH KUMAR	-	NEEM CHAND	NIRMLA DEVI
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2022	7. GENDER	8. CATEGORY
31/07/1999	22.5	MALE	EWS
9. WHETHER PERSON WITH DISABILITY (PwD)?		9.1 IF YES, TYPE OF DISABILITY	
NO		-	
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION	
CITIZEN OF INDIA		MOLE	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING
HIMACHAL PRADESH BOARD OF SCHOOL EDUCATION		150605504	2015
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER ( FIRST PREFERENCE )		EXAMINATION CENTER ( SECOND PREFERENCE )	
SHIMLA ( 1203 )		HAMIRPUR ( 1202 )	
EXAMINATION CENTER ( THIRD PREFERENCE )		CHANDIGARH ( 1601 )	
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)	
NO		-	
16.3. DATE OF DISCHARGE/ LIKELY DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/ YYYY)		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) ?	
-		16.6. DATE OF JOINING TO CIVIL POST (DD/MM/YYYY)	
-		-	
17.1 WHETHER SUFFERING FROM 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. WHETHER SEEKING AGE RELAXATION?		18.2. IF YES,INDICATE CODE	
NO		-	



