



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

MULTI TASKING (NON-TECHNICAL) STAFF  
EXAMINATION, 2020

REGISTRATION NO: 75001670008



13/01/2021

APPLICATION IS INCOMPLETE

*[Signature]*

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
VARMA HARIOM MEVALAL	-	MEVALAL	YAMUNADEVI
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2021	7. GENDER	8. CATEGORY
12/06/1995	25.6	MALE	OBC
9. WHETHER PERSON WITH DISABILITY (PwD)?		9.1 IF YES, TYPE OF DISABILITY	
NO		-	
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION	
CITIZEN OF INDIA		MARK ON RIGHT EYE	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING
GUJARAT SECONDARY AND HIGHER SECONDARY EDUCATION BOARD		A 207325	2012
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER ( FIRST )		EXAMINATION CENTER ( SECOND )	
AHMEDABAD ( 7001 )		GANDHINAGAR ( 7012 )	
EXAMINATION CENTER ( THIRD )		RAJKOT ( 7006 )	
16.1. WHETHER EX-SERVICEMAN (ESM)?		16.2. LENGTH OF SERVICE IN THE ARMED FORCES ( IN YEARS )	
NO		-	
16.3. DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)		16.4. 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)	
-		-	
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. WHETHER SEEKING AGE RELAXATION?			18.1 IF YES,INDICATE CODE		
NO			-		
19. STATE(S) / U.T.(S) PREFERENCE CODE					
3,4,2,1,5,6,7,8,A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,X,X,X,X,X					
20. HIGHEST EDUCATIONAL QUALIFICATION					
BE (13)					
21. DETAILS OF QUALIFYING EDUCATION					
10TH STANDARD					
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERSITY	NAME OF BOARD/ UNIVERSITY	ROLL NO	PERCENTAGE
PASSED	2012	GUJARAT	GUJARAT SECONDARY AND HIGHER SECONDARY EDUCATION BOARD	A207325	87.40
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		
B12 NEW TELEPHONE COLONY DAL MILL ROAD			GANGES VILLA CHANDRANAGAR LAL BUNGLOW KANPUR		
DISTRICT: SURENDRANAGAR			DISTRICT: KANPUR NAGAR		
STATE:GUJARAT			STATE:UTTAR PRADESH		
PIN: 363001			PIN: 208007		
MOBILE NO. : 8866249010			EMAIL ID: hariomverma8866@gmail.com		
26. DATE ON WHICH PHOTOGRAPH HAS BEEN TAKEN (DD/MM/YYYY):			27. WHETHER THE DATE OF PHOTOGRAPH IS CLEARLY PRINTED ON THE PHOTOGRAPH		
13/01/2021			YES		
FEE PAYMENT	AMOUNT		TRANSACTION NO		TRANSACTION DATE
NOT EXEMPTED	100		-		-
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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