

STAFF SELECTION COMMISSION

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

COMBINED HIGHER SECONDARY (10+2) LEVEL EXAMINATION, 2022

REGISTRATION NO: 10006706189







NAME AS PER MATRICULATION 2	NEW/ CHANGED NA	3. FATHER'S N	IAME	4. MOTHER'S NAME		
SHREEDHAR ITS SHIPE	सत्यगेय जसते	HANAMANTH	RAYA	VIJAYALAXMI		
6. DATE OF BIRTH (DD/MM/YYYY) 6.	AGE AS ON 01/01/2022	7. GENDE	R	8. CATEGORY		
06/06/2001	20.6	MALE	CTION CO.	OBC CTOTION O		
9. WHETHER PERSON WITH DISA	BILITY (PwBD) ?	9.1 IF YES, TYPE	OF DISABIL	LITY (OH, HH,VH, OTHERS)		
NO	નાર્ગ્ય ઇંડળાં		-	ماهوا فرغط فاغتهاخ		
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION				
CITIZEN OF INDIA		NO				
12. MATRICULATION (10th CLASS) EXAMINATION BOARD				14. MATRICULATION (10th CLASS) YEAR OF PASSING		
KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD		20170593210 2017				
ELECTION COM	5. PREFERENCE OF EXA	AMINATION CENTE	ERS	TION COMM		
EXAMINATION CENTRE (FIRST PREFERENCE)	EXAMINATIO (SECOND PRE			KAMINATION CENTRE THIRD PREFERENCE)		
KALABURAGI (GULBARGA) (9005)	HUBBALL	I (9011)	MYSURU (9009)			
16. MEDIUM FOR TYPING TEST:	17. WHETHER 12TH STANDARD PASS IN SCIENCE STREAM WITH MATHEMATICS AS A SUBJECT FROM A RECOGNIZED BOARD OR EQUIVALENT (FOR C&AG AS DATA ENTRY OPERATOR):					
ENGLISH	YES					
18.1. WHETHER YOU ARE AN EX- SERVICEMAN (ESM) OR SERVING IN THE ARMED FORCES?	18.2. DATE OF JOINII FORCES (DD/N	AND THE RESERVE OF THE PARTY OF	DATE OF I	OF DISCHARGE/ LIKELY DISCHARGE FROM ARMED CES (DD/MM/ YYYY)		
गयोग NQ वारी कृतव आयोग	कर्मधारी व्यव अध्यो	वा करा	गरी व्यक्त आयोग	विक्रियारी वर्ग कर्म उ		











	TH OF SERVICE IN T	CIVIL POST BY AV RESERVATION FO	ALREADY JOINED A VAILING BENEFIT OF OR EX-SERVICEMAN SM) ?		DINING TO CIVIL POST MM/YYYY)	
Y CO	¥ , B		¥ 60 8.8		¥. 2 5 .	
19.1.ARE Y		I BENCHMARK DISABILIT OTH ARMS AFFECTED- BA			DRY OF BLINDNESS,	
	Oh, D	JIH AKWIS AFFECTED- DA	AND/ OR CEREBRAL	PALSI!	ON THE RESERVE OF THE PERSON O	
19.2 DO Y	OLI HAVE A PHYSIC	AL LIMITATION TO WRIT	E AND SCRIBE IS REC	UIRED TO WRITE	ON YOUR BEHALE	
CERTIFICAT	E TO THIS EFFECT I	FROM THE CHIEF MEDICA	L OFFICER/ CIVIL SU	RGEON & MEDICA	AL SUPERINTENDENT	
A GOVERN	MENT HEALTH CAF	RE INSTITUTION AS PER N TIME OF EX	OTICE OF THE EXAM AMINATION) ?	INATION WOULD	BE REQUIRED AT THE	
10	3	THATE OF EAS	-	480 97	of the same	
9.3. WHETHI	ER SCRIBE IS REQUI		MAKE YOUR OWN	and the second second second	IS TO BE ARRANGED	
3		ARRANGEME	ENT OF SCRIBE ?	BY SSC, IN	DICATE MEDIUM	
¥ 5	न सत्यमय जयते	है सत्यमेव जयसे		सत्यमय जयते 🔰 5	सत्यमय यमय जयते	
20.1. W	HETHER SEEKING A	AGE RELAXATION ?	20.2. IF Y	ES, AGE RELAXA	TION CODE	
	CTION GO	CTION C.		SCTION CO.	CTIO TION CO	
योग	कर्मधारी वयग NO	विक्रीधारी व्यक्त अ	विशि क	गरी व्यम आयोग भारत सरकार	कर्मधारी वया वयम अप	
	and Strain	21 HIGHEST EDUCAT	FIONIAL OLIALIEICATI	- ON	44 95014	
		21. HIGHEST EDUCAT	w 1117 v	ON		
	10 A		C. (9)	3	20)	
	22. I	DETAILS OF QUALIFYING		LIFICATION	N ()	
¥ 44		STATE/ UT OF	TANDARD NAME OF BOARD/			
STATUS	PASSING YEAR	BOARD/ UNIVERSITY	UNIVERSITY	ROLL NO	PERCENTAGE CGPA	
			KARNATAKA BOARD OF PRE-			
PASSED	2019	KARNATAKA	UNIVERSITY	506897	66 -	
कर्मधारी व्यव	आयोग क	र्मधारी व्यवन आयोग	EDUCATION,	कर्मधारी व्यव	आयोग	
अधित सद्भाव	J WANT TO MAKE A	VAILABLE YOUR PERSON	BANGALORE. NAL INFORMATION F	PART WEST	DB OPPORTUNITY IN	
		OF DoP&T'S O.M NO.39020)/1/2016-ESTT.(B) DAT		44411,4444	
	-	The second secon	YES	alla V	A A A A A A A A A A A A A A A A A A A	
4			SS DETAIL			
24. CORRESPONDENCE ADDRESS		25. PERMANENT ADDRESS				
3/48	ULLESUGUR KURB	BUR ONI YADGIR	3/48 ULLE	SUGUR KURBUR	ONI YADGIR	
DISTRICT: YADGIR		DISTRICT:YADGIR				
STATE: KARNATAKA		STATE: KARNATAKA				
PIN: 585202		PIN: 585202				
MOBILE NO: 7483416442		EMAIL: shreekalal8@gmail.com				
	27. WHETHER TH	E PHOTOGRAPH HAS BEE	N TAKEN ON OR AFT	ER 06-SEPTEMBE	R-2022?	
	(V) A		YES	S COL	(7)	
5	ALCOHOLD AND ADDRESS OF THE PARTY OF THE PAR	AMOUNT	TRANSACTIO	V NO TR	ANSACTION DATE	
FEE PA	AYMENT	AMOUNT	TRANSACTIO	1110	THI ISTIC HOT BITTE	

ECTION COM

कर्मधारी वयम आयोग

कर्मधारी वयम आयोग

कर्मधारी वयम आयोग

LECTION COM

कर्मधारी व्यव आयोग भवत सरकार कर्मधारी व्यव उ

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.

कर्मधारी वयम उ

कर्मधारी वयम उ





कर्मधारी वयम आयोग

कर्मधारी वयम आयोग

कर्मधारी वयम आयोग

कर्मधारी वयम आयोग