



व्यव अगर

STAFF SELECTION COMMISSION

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

MULTI TASKING (NON-TECHNICAL) STAFF EXAMINATION, 2020



कर्मधारी व्यव उ

REGISTRATION NO: 30002427604

NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S NA	ME	4. MOTHER'S NAME	
NANDINI SINGH -		HARKESH BAHADUR SINGH		SUDHA SINGH	
. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2021	7. GENDER	على الم	8. CATEGORY	
18/03/2001	19.9	FEMALE		UNRESERVED	
9. WHETHER PERSON WITH DIS	9.1 IF YES, TYPE OF DISABILITY				
NO COLIN	IN COUNTY	STECTION COMM	ELE	CTION COMPLE	
10. NATIONALIT	11. MARK OF VISIBLE IDENTIFICATION				
CITIZEN OF INDIA		A MOLE JUST BELOW NOSE			
12. MATRICULATION (10th CLASS BOARD	13. MATRICULATION (10th CLASS) ROLL NO		14. MATRICULATION (10th CLASS) YEAR OF PASSING		
CENTRAL BOARD OF SECONDARY	5108803	1 3	2016		
	5. PREFERENCE OF E	EXAMINATION CENTI	ERS		
EXAMINATION CENTER (FIRST)	EXAMINATION (CENTER (SECOND)	EXAMI	INATION CENTER (THIRD)	
LUCKNOW (3010)	KANPU	JR (3009)	Company Company	PRAYAGRAJ (3003)	
	LENGTH OF SERVICI THE ARMED FORCES (IN YEARS)	16.3. DATE OF	16.3. DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)		
NO	-			- -	
16.4. HAVE YOU ALREADY JOII AVAILING BENEFIT OF RESERVATI (ESM) ?					
	8 8 8			1 8 8 1	
W 2 171	WHIETHED CHEEDIN	IG FROM CEREBRAL	DALCY	¥ 2 /	

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)?

17.3 WHETHER SCRIBE IS REQUIRED 1		17.4 WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE? 17.5 IF SCRIBE IS TO BE ARRANGED BY SSC, INDICAT					
L 12 3	V 2	W 31	7 IIII	OEMENT OF BO	MIDE.	MEDIUM	11 (11111111111111111111111111111111111
	§ \ <u>1</u>					04.00	
18. W	HETHER SEEK	ING AGE RELAXATIO	N?	, y	18.1 IF YES,I	NDICATE CODE	
		NO	(8) (22 - 18)				
CECTION COM	W W W	CTION C	` ' ' '	PREFERENCE		,	
पारी व्याग आप	K,X,X,	X,X,X,X,X,X,X,X,X,X,X,X 20. HIGHEST	400	terre - surgisti		4,X,X,X,X,X	
अध्यय भटका				R SECONDARY		원합인을 보면 하는데	
\ =	4500000			LIFYING EDUC	. ,	5	
75	100	21. DETTE	10TH ST				y Table
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERSIT	NAME OF BOARD/		ROLL NO	PERCENTAGE	CGPA
PASSED	2016	DELHI	SEC	AL BOARD OF ONDARY ATION (CBSE)	5108803		9.00
2. DO YOU		KE AVAILABLE YOUR RMS OF DoP&T'S O.M	NO.39020/	1/2016-ESTT.(B)			TUNITY II
			N				
COLLEGE.			ADDRES	S DETAIL		4577777	
23. CORRESPONDENCE ADDRESS			24. PERMANENT ADDRESS				
NEAR CHC ALAMPUR ROAD SOHAI BAUGH LALGANJ RAEBARELI			NEAR CHC ALAMPUR ROAD SOHAI BAUGH LALGANJ RAEBARELI				
DISTRICT: RAEBARELI			DISTRICT: RAEBARELI				
STATE: UTTAR PRADESH			STATE: UTTAR PRADESH				
PIN: 229206				PIN: 229206			
MOBILE NO. : 7985964686				EMAIL ID: hbsingh2610@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				

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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PRINT TAKEN ON: 04/03/2021 6:15:56 PM

FEE PAYMENT

EXEMPTED

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04/03/2021

कर्मधारी वयम आयोग

AMOUNT

IP ADDRESS: 14.102.63.108

कर्मधारी व्यव 3

TRANSACTION DATE

YES

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TRANSACTION NO