



Government of India STAFF SELECTION COMMISSION

Your Application is Com	
.& 2. Name of Computer Based written Examination Center and Code :	ER-Kolkata(4410)
	ER-Barasat(4402)
	ER-Berhampore(W.B)(4403)
3.Candidate Name :	SANWAR KHAN
.Father's Name :	SAFIUL KHAN
.Mother's Name :	SELINA BIBI
Date of Birth (dd/mm/yyyy):	04/04/1991
.Gender :	Male
. Nationality :	Indian
.Fee Exemption claimed :	Fee Paid
0.Category:	OBC
0.1.Whether Ex-Serviceman? :	No
0.2. For Ex-Serviceman-Length of Service(in years) :	
0.2. Date of discharge (dd/mm/yyyy) :	
0.3. Whether eligible for Ex-Serviceman Reservation? :	
1. Whether PH (PWD):	No
1.1. If yes, indicate code :	
1.2. Whether suffering from cerebral palsy? :	
1.2. If VH/Cerebal Palsy candidate, whether scribe is required?	
1.3. if yes indicate medium :	
2. Whether seeking Age relaxation? :	No
2. If yes, indicate code :	110
2.1. Age(as on 01.01.2017) :	25.9
3. Preference for posts :	CP
4. Indicate medium for Typing Test:	English
4.1. Do you possess knowledge of Typing Test?:	Yes
5. Aadhar Card Number (If available):	463445131053
6.Mark of Visible Identification :	
7. Whether you belong to Religious Minority Community?:	Yes
8. Educational Qualification :	BA (Hons.)
.9. Do you want to make available your personal Information for the access ob opportunity in terms of DoP & T's O.M.No. 39020/1/2016-Estt.(B) dated 1.06.2016 ? :	
20.Postal Address :	OSMANPUR
/illage/City:	JANGIPUR
District :	MURSHIDABAD
tate :	West Bengal
incode :	742213
1.Permanent Address :	VILLAGE- OSMAN PUR POST OFFICE- JANGI PUR POLICE STATION- RAGHUNATH GANJ DISTRICT- MURSHIDABAD
State :	West Bengal
incode :	742213
TD Code :	
Phone Number :	
Mobile Number :	7797247811
Email ID :	khansanwarkhan@gmail.com
	24.Signature



Sanwar Khan

Payment Details :		
Transaction id:	008856194	
Transaction Date(yyyy-mm-dd):	2016-11-07	
Payment Mode :	1	
Amount:	100	
Declaration		

I hereby declare that all the 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 and after examination, my candidature/appointment is liable to be cancelled.

Place:

Date (yyyy-mm-dd):2016-11-07

Signature of Candidate

Print Application Form

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