

STAFF SELECTION COMMISSION

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

COMBINED HIGHER SECONDARY (10+2) LEVEL EXAMINATION, 2021

o, NEW DELHI
2) LEVEL

REGISTRATION NO: 10003104349

APPLICATION IS PROVISIONALLY ACCEPTED

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1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/ CHANGED NAME	3. FATHER'S NAME		4. MOTHER'S NAME	
BINOY C	क्रिक्टि हिल्ला	RAMESHAN C		GIRIJA P	
DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2022	7. GENDER		8. CATEGORY	
21/09/1995	26.3	MALE		OBC	
9. WHETHER PERSON WITH DISABILITY (PWD) ?		9.1 IF YES, TYPE OF DISABILITY (OH, HH,VH, OTHERS)			
NO					
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION			
CITIZEN OF INDIA		A BLACK MOLE ON THE LEFT SIDE OF THE NECK			
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO		14. MATRICULATION (10t CLASS) YEAR OF PASSIN	
KERALA BOARD OF PUBLIC EXAMINATIONS		459491	84524	2011	
CARL CARL	15. PREFERENCE OF	EXAMINATION CENT	ERS	2000	
EXAMINATION CENTRE (FIRST PREFERENCE)	The second secon	EXAMINATION CENTRE (SECOND PREFERENCE)		AMINATION CENTRE HIRD PREFERENCE)	
KOZHIKODE (CALICUT) (9206)	KANN	KANNUR (9202)		THRISSUR (9212)	
16. MEDIUM FOR TYPING TEST:	MATHEMA	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	Without well	VES			
18.1. WHETHER YOU ARE AN EX SERVICEMAN (ESM) OR SERVING THE ARMED FORCES?	- 18.2. DATE OF J	18.2. DATE OF JOINING THE ARMED FORCES (DD/MM/YYYY)		18.3.DATE OF DISCHARGE/ LIKELY DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/ YYYY)	
NO	VI				
18.4. LENGTH OF SERVICE IN THI ARMED FORCES	ATTION A TOTAL CO.	ALREADY JOINED A AVAILING BENEFIT	410000000000000000000000000000000000000	TE OF JOINING TO CIVIL OST (DD/MM/YYYY)	

OF RESERVATION FOR EX-SERVICEMAN (ESM)?

19.1. WHETHER SUFFERING FROM CEREBRAL-PALSY?

19.2. 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)? 19.4. WILL YOU MAKE YOUR OWN 19.3. WHETHER SCRIBE IS REQUIRED 19.5. IF SCRIBE IS TO BE ARRANGED ARRANGEMENT OF SCRIBE? BY SSC, INDICATE MEDIUM 20.2. IF YES, AGE RELAXATION CODE 20.1. WHETHER SEEKING AGE RELAXATION? 21. HIGHEST EDUCATIONAL QUALIFICATION INTERMEDIATE/ HIGHER SECONDARY/ 10+2(2) 22. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION 12TH STANDARD NAME OF BOARD/ STATE/ UT OF STATUS PASSING YEAR ROLL NO PERCENTAGE CGPA BOARD/ UNIVERSITY UNIVERSITY 2013 PASSED KERALA 9246415 23. 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 24. CORRESPONDENCE ADDRESS 25. PERMANENT ADDRESS CHITTADATHIL HOUSE MAKKADA PO KAKKODI PIN-CHITTADATHIL HOUSE MAKKADA PO KAKKODI PIN-673611 673611 DISTRICT: KOZHIKODE DISTRICT:KOZHIKODE STATE: KERALA STATE: KERALA PIN: 673611 PIN: 673611 MOBILE NO: 9745241752 EMAIL: binoybinu800@gmail.com 27. WHETHER THE PHOTOGRAPH HAS BEEN TAKEN ON OR AFTER 01-NOV-2021? YES FEE PAYMENT **AMOUNT** TRANSACTION NO TRANSACTION DATE NOT EXEMPTED 100 CPABKFRJN1 11/02/2022 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. 3. I DECLARE THAT THE PHOTOGRAPH UPLOADED IN THE APPLICATION FORM HAS BEEN TAKEN ON OR AFTER THE STIPULATED DATED. PRINT TAKEN ON: 11/02/2022 1:15:38 PM IP ADDRESS: 137.97.109.171

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