
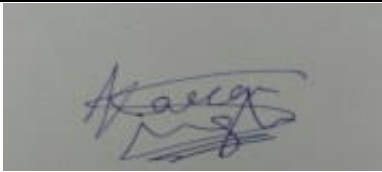
 <b>Government of India</b> <b>STAFF SELECTION COMMISSION</b>	
<b>Application Registration No: 60002063911 for the Combined Higher Secondary Level Examination - 2016</b>	
<b>Your Application is</b>	
<b>1.&amp; 2. Name of Computer Based written Examination Center and Code :</b>	
<b>3.Candidate Name :</b>	KARAN SINGH
<b>4.Father's Name :</b>	J R SINGH
<b>5.Mother's Name :</b>	RAJ KAUR
<b>6.Date of Birth (dd/mm/yyyy) :</b>	29/01/1996
<b>7.Gender :</b>	Male
<b>8. Nationality :</b>	Indian
<b>9.Fee Exemption claimed :</b>	
<b>10.Category :</b>	SC
<b>10.1.Whether Ex-Serviceman? :</b>	
<b>10.2. For Ex-Serviceman-Length of Service(in years) :</b>	
<b>10.2. Date of discharge (dd/mm/yyyy) :</b>	
<b>10.3. Whether eligible for Ex-Serviceman Reservation? :</b>	
<b>11. Whether PH (PWD) :</b>	No
<b>11.1. If yes, indicate code :</b>	
<b>11.2. Whether suffering from cerebral palsy? :</b>	
<b>11.2. If VH/Cerebral Palsy candidate, whether scribe is required ?</b>	
<b>11.3. if yes indicate medium :</b>	
<b>12. Whether seeking Age relaxation? :</b>	
<b>12. If yes, indicate code :</b>	
<b>12.1. Age(as on 01.01.2017) :</b>	
<b>13. Preference for posts :</b>	
<b>14. Indicate medium for Typing Test :</b>	
<b>14.1. Do you possess knowledge of Typing Test ? :</b>	
<b>15. Aadhar Card Number (If available):</b>	
<b>16.Mark of Visible Identification :</b>	
<b>17. Whether you belong to Religious Minority Community ? :</b>	No
<b>18. Educational Qualification :</b>	
<b>19. Do you want to make available your personal Information for the accessing job opportunity in terms of DoP &amp; T's O.M.No. 39020/1/2016-Estt. (B) dated 21.06.2016 ? :</b>	
<b>20.Postal Address :</b>	
<b>Village/City :</b>	
<b>District :</b>	
<b>State :</b>	
<b>Pincode :</b>	
<b>21.Permanent Address :</b>	L-101 SEWA NAGAR NEW DELHI
<b>State :</b>	Delhi
<b>Pincode :</b>	110003
<b>STD Code :</b>	
<b>Phone Number :</b>	
<b>Mobile Number :</b>	9560032967
<b>Email ID :</b>	karansingh76652@gmail.com
<b>23.Photo</b>	<b>24.Signature</b>
	
<b>Declaration</b>	
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):

Signature of Candidate

Print Application Form

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