



Government of India

STAFF SELECTION COMMISSION Application Registration No: 60003139614 for the Combined Higher Secondary Level Examination - 2016 Your Application is 1.& 2. Name of Computer Based written Examination Center and Code: GUGULOTHU RAJENDER 3. Candidate Name: 4. Father's Name: GUGULOTHU KISHAN 5.Mother's Name: GUGULOTHU GANGAVVA 6.Date of Birth (dd/mm/yyyy): 08/05/1994 7.Gender: Male 8. Nationality: Indian 9. Fee Exemption claimed: 10.Category: ST 10.1. Whether Ex-Serviceman?: 10.2. For Ex-Serviceman-Length of Service(in years): 10.2. Date of discharge (dd/mm/yyyy): 10.3. Whether eligible for Ex-Serviceman Reservation? : 11. Whether PH (PWD): No 11.1. If yes, indicate code: 11.2. Whether suffering from cerebral palsy?: 11.2. If VH/Cerebal Palsy candidate, whether scribe is required? 11.3. if yes indicate medium: 12. Whether seeking Age relaxation?: 12. If yes, indicate code: 12.1. Age(as on 01.01.2017): 13. Preference for posts: 14. Indicate medium for Typing Test: 14.1. Do you possess knowledge of Typing Test?: 15. Aadhar Card Number (If available): 240746970134 16.Mark of Visible Identification: A MOLE ON THE RIGHT HAND 17. Whether you belong to Religious Minority Community?: No 18. Educational Qualification: 19. Do you want to make available your personal Information for the accessing job opportunity in terms of DoP & T's O.M.No. 39020/1/2016-Estt. (B) dated 21.06.2016?: 20.Postal Address: Village/City: District: State: Pincode: H NO-9-50 STREET.JALAPATHI THANDA VILL.SANUGULA 21.Permanent Address: MANDAL.CHANDURTHI.DIST.KARIMNAGRAR PIN NO.505307 State: Telangana 505307 Pincode: STD Code: Phone Number: 8978850168 Mobile Number:

Email ID:

nanirajendar95@gmail.com

23.Photo			24.Signature		
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):					
	Signature of Candidate				

Print Application Form

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