

केमधारी व्यव आयोग

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STAFF SELECTION COMMISSION

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

MULTI TASKING (NON-TECHNICAL) STAFF, AND HAVALDAR (CBIC & CBN) EXAMINATION, 2021







APPLICA		M Issue			
1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S N	AME	4. MOTHER'S NAME	
NIDHIN NARAYANAN	न् 🐪 सत्यमेव जयते 🔊	NARAYANAI	V.K	GEETHA THE THE	
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2022	7. GENDER	CONTRACTOR OF THE PROPERTY OF	8. CATEGORY	
07/07/2003	18.5	MALE	n and	UNRESERVED	
9. WHETHER PERSON WITH DIS	SABILITY (PwD)?	9.1 IF Y	ES, TYPE	OF DISABILITY	
NO	-				
10. NATIONALIT	11. MARK OF VISIBLE IDENTIFICATION				
CITIZEN OF IND	A BLACK MOLE ON THE LEFT CHIN				
12. MATRICULATION (10th CLAS) BOARD	S) EXAMINATION	13. MATRICULATI CLASS) ROLL		14. MATRICULATION (10th CLASS) YEAR OF PASSING	
KERALA BOARD OF PUBLIC E	XAMINATIONS	294089	2 3 30	2019	
	5. PREFERENCE OF E	XAMINATION CENT	ERS	C. A. C.	
A Deti Steel		t had been t		CAMINATION CENTER THIRD PREFERENCE)	
THIRUVANANTHAPURAM (9211) ERNAKUI	LAM (9213)		KOTTAYAM(9205)	
16.1. WHETHER YOU ARE AN EX- SERVICEMAN (ESM) OR SERVING IN THE ARMED FORCES?	16.2. DATE OF JOIN FORCES (DD/		DATE OF	E OF DISCHARGE/ LIKELY DISCHARGE FROM ARMED RCES (DD/MM/ YYYY)	

17.1 WHETHER SUFFERING FROM CEREBRAL PALSY

16.5. HAVE YOU ALREADY JOINED A

CIVIL POST BY AVAILING BENEFIT OF

RESERVATION FOR EX-SERVICEMAN

(ESM) ?

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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 SO	CRIBE IS REQUIRED		YOU MAKE YOUR OWN GEMENT OF SCRIBE?	17.5 IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM	
भारत सरकार	अवत वहकार	439	भारत वस्त्रा आयोग	भाग अधिक	
18.1. WHETHER SEEKING AGE RELAXATION?			18.2. IF YES INDICATE CODE		

NO

16.4. LENGTH OF SERVICE IN THE

ARMED FORCES

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16.6. DATE OF JOINING TO CIVIL POST

(DD/MM/YYYY)

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2. DO YOU W	ANT TO MAK	KERALA	VEDALA DOADD OF	The same		5	
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K (10) A		ALAPPUZHA	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	DISTRICT: ALAPPUZHA			
		:KERALA 688006		STATE: KERALA PIN: 688006			
		D.: 9037538485	न सत्यगंव जयतं	2.	in679@gmail.com		
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