



STAFF SELECTION COMMISSION

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

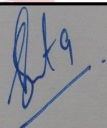
COMBINED HIGHER SECONDARY (10+2) LEVEL
EXAMINATION 2018



REGISTRATION NO: 94000396692

APPLICATION IS PROVISIONALLY ACCEPTED

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
SHWETA BADOLA	-	MAHENDER PARKASH BADOLA	KUSUM BADOLA
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/08/2019	7. GENDER	
14/02/1997	22.5	FEMALE	
8. CATEGORY	9. WHETHER PERSON WITH DISABILITY (PWD) ?	9.1 .IF YES, TYPE OF DISABILITY (OH, HH,VH, OTHERS)	
UR	NO	-	
10. NATIONALITY	11. MARK OF VISIBLE IDENTIFICATION		
CITIZEN OF INDIA	TWO MOLES ON THE BACK OF NECK		
12. MATRICULATION (10th CLASS) EXAMINATION BOARD	13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING	
CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)	2185562	2013	
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER (FIRST)	EXAMINATION CENTER (SECOND)	EXAMINATION CENTER (THIRD)	
CHANDIGARH (1601)	PATIALA (1403)	MOHALI (1406)	
16. MEDIUM OF TYPE TEST	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	NO		
18.WHETHER EX-SERVICEMAN (ESM)?	18.1. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) :?	18.2. LENGTH OF SERVICE IN ARMED FORCES (IN YEARS)	18.3. DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)
NO	-	-	-
19.1 DO YOU SUFFER 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)?			
NO			

19.3 WHETHER SCRIBE IS REQUIRED		19.4 WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE?		19.5 IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM	
NO		-		-	
20. WHETHER SEEKING AGE RELAXATION?			20.1 IF YES,INDICATE CODE		
NO			-		
21. EDUCATIONAL QUALIFICATION					
B. COM.					
22. DO YOU BELONG TO ECONOMICALLY WEAKER SECTIONS (EWS) ?					
NO					
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. POSTAL ADDRESS			25. PERMANENT ADDRESS		
308 SHIV PURI-B BEHIND ITI			308 SHIV PURI-B BEHIND ITI		
DISTRICT: YAMUNANAGAR			DISTRICT: YAMUNANAGAR		
STATE: HARYANA			STATE: HARYANA		
PIN: 135001			PIN: 135001		
MOBILE NO : 9896351991			EMAIL ID : shwetabadola092@gmail.com		
SIGNATURE					
					
FEE PAYMENT		AMOUNT		TRANSACTION NO	
EXEMPTED		-		-	
				TRANSACTION DATE	
				-	
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.					

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