



STAFF SELECTION COMMISSION

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

PHASE - VIII / 2020 / SELECTION POST

REGISTRATION NO: 10001736603



Emily

APPLICATION IS PROVISIONALLY ACCEPTED

1. CANDIDATE'S NAME (AS PER THE MATRICULATION CERTIFICATE)	2. NEW/ CHANGED NAME	3. FATHER'S NAME (AS PER THE MATRICULATION CERTIFICATE)	4. MOTHER'S NAME (AS PER THE MATRICULATION CERTIFICATE)
EMILY JOSE	-	JOSE ZACHARIAS	LISSY JOSE
5. DATE OF BIRTH (DD/MM/YYYY) (AS PER THE MATRICULATION CERTIFICATE)	6. AGE AS ON 01/01/2020	7. GENDER	
15/03/1997	22.9	FEMALE	
8. CATEGORY	9. NATIONALITY	10. WHETHER PERSON WITH DISABILITY (PWD) ?	
UR	CITIZEN OF INDIA	NO	
10.1 IF YES, TYPE OF DISABILITY (OH, HH,VH, OTHERS)	11. MARK OF VISIBLE IDENTIFICATION		
-	MOLE ON THE RIGHT EYEBROW		
12. MATRICULATION (10th CLASS) EXAMINATION BOARD	13. MATRICULATION (10th CLASS) ROLL NO.	14. MATRICULATION (10th CLASS) YEAR OF PASSING	
COUNCIL FOR THE INDIAN SCHOOL CERTIFICATE EXAMINATIONS (ICSE)	T/4332/018	2013	
15. REGION TO WHICH THE POST BELONG :	KARNATAKA KERALA REGION		
16. POST CODE	17. POST NAME	18. LEVEL OF POST	
KK10620	PROGRAMME ASSISTANT	GRADUATION & ABOVE	
19. PREFERENCE OF EXAMINATION CENTRE			
EXAMINATION CENTRE (FIRST PREFERENCE)	EXAMINATION CENTRE (SECOND PREFERENCE)	EXAMINATION CENTRE (THIRD PREFERENCE)	
9205 - KOTTAYAM	9213 - ERNAKULAM	9212 - THRISSUR	
20.WHETHER EX-SERVICEMAN (ESM)?	20.1. DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)	20.2. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) ?	
NO	-	-	
20.3. DATE OF JOINING THE CIVIL POST (DD/MM/YYYY)	20.4. LENGTH OF SERVICE IN ARMED FORCES (IN YEARS)		
-	-		
21.1. WHETHER SUFFERING FROM CEREBRAL-PALSY ?			
-			

21.2. 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) ?					
-					
21.3. WHETHER SCRIBE IS REQUIRED ?		21.4. WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE ?		21.5. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM	
-		-		-	
22. WHETHER SKILL TEST REQUIRED?:			23. LANGUAGE/ MEDIUM OF SKILL TEST		
NO			-		
24. WHETHER SEEKING AGE RELAXATION ?			24.1 IF YES, AGE RELAXATION CODE		
NO			-		
DETAILS OF WORK EXPERIENCE					
S.NO.	NAME OF ORGANIZATION(S)	DESIGNATION	NATURE OF DUTY	PERIOD OF SERVICE FROM (DD/MM/YYYY)	PERIOD OF SERICE TO (DD/MM/YYYY)
1	NA	NA	NA	-	-
25. HIGHEST EDUCATIONAL QUALIFICATION FOR THE POST OF INTEREST			26. SUBJECT		
BACHELOR'S DEGREE FROM A RECOGNIZED UNIVERSITY OR INSTITUTE.			ANY SUBJECT		
27. DO YOU BELONG TO ECONOMICALLY WEAKER SECTION (EWS)?			28. 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 ?		
NO			NO		
ADDRESS DETAIL					
29. CORRESPONDENCE ADDRESS			30. PERMANENT ADDRESS		
OLIAKATTIL HOUSE RAMAPURAM BAZAR P O			OLIAKATTIL HOUSE RAMAPURAM BAZAR P O		
DISTRICT: KOTTAYAM			DISTRICT: KOTTAYAM		
STATE: KERALA			STATE: KERALA		
PIN 686576			PIN: 686576		
MOBILE NO : 8281547224			EMAIL: emilyjoseej@gmail.com		
FEE PAYMENT	AMOUNT	TRANSACTION NO	TRANSACTION DATE		
EXEMPTED	-	-	-		
DECLARATION					
1. I HAVE READ THE NOTICE OF EXAMINATION AND ACCEPT ALL THE TERMS & CONDITIONS MENTIONED THEREIN.					
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.					

PRINT TAKEN ON: 13/03/2020 10:12:38 AM

