

क्रम संख्या /

S.No. SSCE / 2015/

केन्द्रीय माध्यमिक शिक्षा बोर्ड

CENTRAL BOARD OF SECONDARY EDUCATION

749452

अंक विवरणिका MARKS STATEMENT

सीनियर स्कूल सर्टिफिकेट परीक्षा, 2015

ALL INDIA SENIOR SCHOOL CERTIFICATE EXAMINATION, 2015

नाम Name ROHIT KUMAR

अनुक्रमांक Roll No. 5629379

माता/पिता/संरक्षक का नाम SUNITA

Mother's/Father's/Guardian's Name MUKESH KUMAR

विद्यालय School 54094 M S SCHOOL 2ND BASAI ROAD TUNDLA FIROZABAD UP

विषय कोड SUB. CODE	विषय SUBJECT	प्राप्तांक MARKS OBTAINED				स्थितिय ग्रेड POSITIONAL GRADE
		लि. TH	प्रे. PR	योग TOTAL	योग शब्दों में TOTAL IN WORDS	
301	ENGLISH CORE	086	XXX	086	EIGHTY SIX	B1
041	MATHEMATICS	095	XXX	095	NINETY FIVE	A1
042	PHYSICS	051	030	081	EIGHTY ONE	B1
043	CHEMISTRY	065	030	095	NINETY FIVE	A1
048	PHYSICAL EDUCATION	058	030	088	EIGHTY EIGHT	A1
500	WORK EXPERIENCE					A1
502	PHY & HEALTH EDUCA					A2
503	GENERAL STUDIES					A1

संक्षिप्तियों का अर्थ : Abbreviations

AB : विषय में अनुपस्थित Absent in the Subject

EX : छूट-प्राप्त Exempted

FP : प्रयोगात्मक में असफल Fail in Practical

FT : लिखित में असफल Fail in Theory

दिल्ली Delhi

25-05-2015

दिनांक Dated

परिणाम Result

PASS

Principal
M.S. Senior Secondary School

Control No. 2130641

परिीक्षा नियंत्रक
Controller of Examinations



BGC APPLICATION FORM

Employee Name: _____
(First) (Middle) (Last)

IBM Employee No : _____

Employment Record

Note: If you are a fresher, please specify "NA" in all the fields below

Employer 1 Name (Most recent): _____

EMP ID: _____ Last working day: _____
(DD/MMM/YYYY)

INFORMATION RELEASE AUTHORIZATION (TO BE SIGNED BY THE CANDIDATE)

I certify that the statements made in this application are valid and complete to the best of my knowledge.

I understand that false or misleading information may result in termination of employment

If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment. I hereby authorize IBM and/ or any of its subsidiaries or affiliates, and any persons or organizations acting on its behalf to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose. I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records.

In addition, please provide any other pertinent information requested by the individuals presenting this authority. I hereby release from liability all persons or I authorize to contact my present employer.

I have read, understand and by my signature consent to these statements.

Employee Name: _____
(First) (Middle) (Last)

Signature: _____

Signed Date: _____ Effective Date: _____
(DD/MMM/YYYY) (DD/MMM/YYYY)