



## STAFF SELECTION COMMISSION

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

COMBINED HIGHER SECONDARY (10+2) LEVEL  
EXAMINATION 2018




REGISTRATION NO: 95000195026

APPLICATION IS PROVISIONALLY ACCEPTED

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
VIKAS EKNATH DANGE	-	EKNATH	PARIGABAI
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/08/2019	7. GENDER	
25/04/2000	19.3	MALE	
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	FACE ON MARK		
12. MATRICULATION (10th CLASS) EXAMINATION BOARD	13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING	
MAHARASHTRA STATE BOARD OF SECONDARY AND HIGHER SECONDARY EDUCATION	C169399	2016	
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER ( FIRST )	EXAMINATION CENTER ( SECOND )	EXAMINATION CENTER ( THIRD )	
NASHIK (7207)	PUNE (7208)	MUMBAI (7204)	
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					
INTERMEDIATE/ HIGHER SECONDARY/ 10+2					
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 ?					
NO					
ADDRESS DETAIL					
24. POSTAL ADDRESS			25. PERMANENT ADDRESS		
AT- MALHAERWADII POST KELWED TEL- KOPERGAON			AT- MALHAERWADII POST KELWED TEL- KOPERGAON		
DISTRICT: AHMEDNAGAR			DISTRICT: AHMEDNAGAR		
STATE: MAHARASHTRA			STATE: MAHARASHTRA		
PIN: 423107			PIN: 423107		
MOBILE NO : 9689054841			EMAIL ID : vikasdange45354@gmail.com		
SIGNATURE					
					
FEE PAYMENT		AMOUNT		TRANSACTION NO	
NOT EXEMPTED		100		CPQ0400030	
				TRANSACTION DATE	
				29/03/2019	
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.					

PRINT TAKEN ON: 29/03/2019 11:47:11 AM