



GENERAL INSURANCE CORPORATION OF INDIA RECRUITMENT OF SCALE I OFFICERS

300136

Registration Number : 323042886

Full Name : Shivani Ojha

Name of Disciplines/Streams : GENERAL

Category : General

Are you a person with benchmark disability of 40% and above ? : NO

Type of Disability : -

Are you suffering from cerebral palsy and your writing speed is affected : ? : -

If Yes, Do you need compensatory time at the time of examination? : -

Whether your dominant (Writing) hand is affected? : -

If Yes, Do you need compensatory time at the time of examination? : -

Do you intend to use the services of a scribe ? : -

Are you a person with specified disability covered under the definition of sec 2(s) of the RPwD Act, 2016 and not covered under sec 2(r) of the said act and having difficulty in writing? : NO

If Yes, Do you need compensatory time at the time of examination? : -

Are you a person with specified disability covered under the definition of sec 2(s) of the RPwD Act, 2016 and not covered under sec 2(r) of the said act and wish to avail the services of Scribe? : -

I certify that, I will produce the certificate from competent medical authority of a Government healthcare institution as per Ministry of Social Justice and Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan) circular no F. No. 29-6/2019-DD-III dated 10.08.2022. : -



Religion to which you belong : Hindu

Do you belong to Religious Minority ? : NO

Are you seeking relaxation under Widows, Divorced women and women legally separated from their husbands who have not remarried ? : NO

Are you Existing Confirmed Employees of Public Sector General Insurance Companies (including GIC & Agriculture Insurance Company of India Ltd.) : ? : NO

Are you an Ex-Serviceman : ? : NO

Are you a Disabled Ex-Serviceman (DISXS) ? : NO

Period of Service (in months) : -

Nationality : Indian

State to which centre of exam belongs : WEST BENGAL

Centre of Examination : Kolkata/Greater Kolkata

Personal Details

Date of Birth : 10-01-1999

Age completed as on 01.10.2023 : 24

Gender : FEMALE

Do you have twin brother / sister ? : NO

Name of the twin : -

Gender of the twin : -

Marital Status : Married

Father's Name : Purushottam Narain Pandey

Mother's Name : Sarita Pandey

Spouse's Name : Amit Ojha

Address for Correspondence

Address 1 : Krishna Koli Apartment Flat A2

Address 3 : Upen Baneerji Road

District : Greater Kolkata

State : WEST BENGAL

Pincode : 700060

Permanent address

Address 1 : Krishna Koli Apartment Flat A2

Address 3 : Upen Baneerji Road

District : Greater Kolkata

State : WEST BENGAL

Pincode : 700060

Contact Details

Mobile No : +91 9007599210
Alternative Number : -
(Mobile No/Landline No)
Email ID : prafullpandey2801@gmail.com

Educational Qualification (as on 01.10.2023) :

| Exam Passed | Degree/ Subject / Stream | Date of Passing | % of Marks | Class / Grade |
|-----------------------|--------------------------|-----------------|------------|---------------|
| Graduation/equivalent | Science | 07-07-2019 | 67.80 | First Class |

Do you possess Computer Proficiency ? : YES
Details of computer knowledge : MS Office

Other Details :

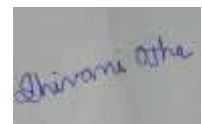
| Languages Known | Read | Write | Speak |
|-----------------|------|-------|-------|
| Hindi | YES | YES | YES |
| English | YES | YES | NO |

Uploaded Document Details :

1. Left Thumb Impression
2. Hand Written Declaration

Declaration:

I hereby declare that all the 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 untrue or incorrect at any stage or I am not satisfying any of the eligibility criteria stipulated, and also in case of creating influence/undue pressure regarding recruitment shall tantamount to cancellation of my candidature.



Date: 04-01-2024



Left Thumb Impression

I, Shivani Ojha, Date of Birth 10, January, 1999, hereby declare that all the information submitted by me in the application form is correct, true and valid. I will present the supporting documents as and when required. The signature, photograph and left thumb impression is of mine.

Hand Written Declaration