



## STAFF SELECTION COMMISSION

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

MULTI TASKING STAFF (MTS) EXAMINATION 2019



कर्मधारी व्यव ३

## **REGISTRATION NO: 81000080746**

## APPLICATION IS PROVISIONALLY ACCEPTED

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/CHANGED NAME		3. FATHER'S NAME		4. MOTHER'S NAME
PRILNA NAVAS K	Common Co		PREM NAVAS K		SARASWATHY
5. DATE OF BIRTH (DD/MM/YYYY)			6. AGE AS ON 01/08/2019		7. GENDER
25/09/1993			25.1		FEMALE
8. CATEGORY			9. ID NUMBER		10. NATIONALITY
OBC			70XXXXXXXX49		CITIZEN OF INDIA
11. MARK OF VISIBLE IDENTIFICATION :			A BLACK MOLE ON LEFT CHEEK AND ON RIGHT ARM.		
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		TION	3. MATRICULATION (10th CLASS) ROLL NO		14. MATRICULATION (10th CLASS) YEAR OF PASSING
KERALA BOARD OF PUBLIC EXAMINATIONS		ONS	333833		2010
250	15. PREFER	ENCE OF E	EXAMINATION CENT	ERS	7. S
EXAMINATION CENTER ( FIRST ) EXAMINATIO		MINATION (	CENTER ( SECOND ) EXAMINATION CENTER ( THIR		NATION CENTER (THIRD)
9212 - THRISSUR	9213 -		RNAKULAM	9206 - KOZHIKODE (CALICUT)	
16.WHETHER EX- SERVICEMAN (ESM)?	16.1. HAVE YOU ALREAD JOINED A CIVIL POST BE AVAILING BENEFIT OF RESERVATION FOR EXERVICEMAN (ESM):		16.2. LENGTH OF SE ARMED FORCES ( I		
NO	_		_		-
17. WHETHER PERSON WIT (PWD) ?	H DISABILITY	17.	1 IF YES, TYPE OF DIS	SABILITY	(OH, HH,VH, OTHERS)
NO	E 3	8	JE 1 31	3/ 15	2
	18 1 WHETHER	SUFFERIN	IG FROM CEREBRAL	PALSY	THE STATE OF

18.2 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)?

المرافع المراف			MEDIUM -		
19. WHETHER SEEKING AGE RELA	XATION?	19.1 IF YES,INDICATE CODE			
NO	3	The office of the same			
[-1] The [-1] The	` '	PREFRENCE CODE	SECTION COMP		
2000pg 317101	Ch.2	X,X,X,X,X,X,X,X,X,X,X,X	.,X,X,X,X		
न्हरका <sup>र</sup> अपन् <sub>त स</sub> रकार 21	B. TE	QUALIFICATION	ਐਵਿਰ ਵਵਾਲੀ?		
22 DO VOU RELON		CALLY WEAKER SECTIO	NS (FWS) ?		
22. DO 100 BEE010	IO TO ECOIVOIVIIC	CALLI WEAKER SECTIO	No (EWS) :		
YOU WANT TO MAKE AVAILABLE	YOUR PERSONA	L INFORMATION FOR A	CCESSING JOB OPPORTUNITY IN		
		/2016-ESTT.(B) DATED 2			
	YES TO THE STATE OF THE STATE O				
ELECTION COM	ADDRESS		COMPTION		
24. POSTAL ADDRESS		25. PERMANENT ADDRESS			
KODAYIKKAL HOUSE SHUKAPURAM POST EDAPPAL	न्त्राव्य संद्राव्या	KODAYIKKAL HOUSE SHUKAPURAM POST EDAPPAL			
DISTRICT: MALAPPURAM	Die A	DISTRICT: MALAPPURAM			
STATE: KERALA		STATE: KERALA			
PIN: 679576		PIN: 679576			
MOBILE NO.: 8129601263		A STATE OF THE PARTY OF THE PAR	rilnanavas93@gmail.com		
	SIGNA	TURE			
CTION CO.		ECTION CO.	SECTION CO.		
कर्मधारी व्याग आयी भावत स्टब्स	विज्ञ	धारी व्यव आयोग भाग हरकार	कर्मधारी युवन आयोग भारत सरकार		
FEE PAYMENT AM	IOUNT	TRANSACTION NO	TRANSACTION DATE		
EXEMPTED		V 40			

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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