



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



MULTI TASKING STAFF (MTS) EXAMINATION 2019

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	-	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	70XXXXXXXXX49	CITIZEN OF INDIA	
11. MARK OF VISIBLE IDENTIFICATION :	A BLACK MOLE ON LEFT CHEEK AND ON RIGHT ARM.		
12. MATRICULATION (10th CLASS) EXAMINATION BOARD	13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING	
KERALA BOARD OF PUBLIC EXAMINATIONS	333833	2010	
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER (FIRST)	EXAMINATION CENTER (SECOND)	EXAMINATION CENTER (THIRD)	
9212 - THRISSUR	9213 - ERNAKULAM	9206 - KOZHIKODE (CALICUT)	
16. WHETHER EX-SERVICEMAN (ESM)?	16.1. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) :?	16.2. LENGTH OF SERVICE IN ARMED FORCES (IN YEARS)	16.3. DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)
NO	-	-	-
17. WHETHER PERSON WITH DISABILITY (PWD) ?	17.1 IF YES, TYPE OF DISABILITY (OH, HH, VH, OTHERS)		
NO	-		
18.1 WHETHER SUFFERING FROM CEREBRAL PALSY			
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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)?			
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