



STAFF SELECTION COMMISSION
BLOCK NO. 12, CGO-COMPLEX, LODHI ROAD, NEW DELHI
110003
STENOGRAPHER GRADE 'C' & 'D' EXAMINATION,
2023

REGISTRATION NO: 75001496164



APPLICATION RECEIVED (CONTENTS NOT VERIFIED)			Vandana
1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/ CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
VANDANA KARKI	-	HIRA SINGH	MEERA DEVI
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/08/2023	7. GENDER	8. CATEGORY
13/09/1996	26.1	FEMALE	UNRESERVED
9. WHETHER PERSON WITH DISABILITY (PwBD) ?		9.1 IF YES, TYPE OF DISABILITY (OH, HH, VH, OTHERS)	
NO		-	
10. NATIONALITY		11. MARK OF VISIBLE IDENTIFICATION	
CITIZEN OF INDIA		A MOLE ON LEFT CHEEK	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING
CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)		8771779	2011
15. DO YOU POSSESS KNOWLEDGE OF STENOGRAPHY ?			
YES			
16. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER (FIRST PREFERENCE)	EXAMINATION CENTER (SECOND PREFERENCE)	EXAMINATION CENTER (THIRD PREFERENCE)	
DELHI (2201)	DEHRADUN (2002)	HALDWANI (2003)	
17.1. WHETHER YOU ARE AN EX-SERVICEMAN (ESM) OR SERVING IN THE ARMED FORCES?	17.2. DATE OF JOINING THE ARMED FORCES (DD/MM/YYYY)	17.3. DATE OF DISCHARGE/ LIKELY DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)	
NO	-	-	
17.4. LENGTH OF SERVICE IN ARMED FORCES	17.5 HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) ?	17.4. DATE OF JOINING TO CIVIL POST (DD/MM/YYYY)	
-	-	-	
18.1. ARE YOU A PERSON WITH BENCHMARK DISABILITIES (40% OR MORE) IN THE CATEGORY OF OH-CEREBRAL PALSY (OH-CP)?			
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18.2. ARE YOU A PERSON WITH BENCHMARK DISABILITIES (40% OR MORE) IN THE CATEGORY OF BLINDNESS (VH)?:			
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18.3. ARE YOU A PERSON WITH BENCHMARK DISABILITIES (40% OR MORE) IN THE CATEGORY OF OH-BOTH ARMS AFFECTED (OH-BA)?:			
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18.4. 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						
18.5. WHETHER SCRIBE IS REQUIRED ?		18.6. WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE ?		18.7. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM		
-		-		-		
19. LANGUAGE/ MEDIUM OF SKILL TEST				20. POST(S) APPLYING FOR		
ENGLISH				BOTH (STENOGRAPHER GRADE C AND GRADE D)		
21.1 WHETHER SEEKING AGE RELAXATION ?				21.2 IF YES, AGE RELAXATION CODE		
NO				-		
22. HIGHEST EDUCATIONAL QUALIFICATION						
BA (HONS.)(6)						
23. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION						
12TH STANDARD						
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERSITY	NAME OF BOARD/ UNIVERSITY	ROLL NO	PERCENTAGE	CGPA
PASSED	2013	DELHI	CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)	9729852	58.4	-
24. 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 ?						
YES						
ADDRESS DETAIL						
25. CORRESPONDENCE ADDRESS				26. PERMANENT ADDRESS		
120/8 SECTOR - 01 PUSHP VIHAR NEW DELHI				VILL BAFILA PO PIPLI JABUKA TEHSIL BERINAG DISTT PITHORAGARH UTTARAKHAND		
DISTRICT: SOUTH DELHI				DISTRICT:PITHORAGARH		
STATE: DELHI				STATE: UTTARAKHAND		
PIN : 110017				PIN : 262531		
MOBILE NO: 8826683401				EMAIL: vandanakarki111@gmail.com		
28. WHETHER PHOTOGRAPH HAS BEEN TAKEN ON OR AFTER 03-MAY-2023?						
YES						
FEE PAYMENT		AMOUNT		TRANSACTION NO		TRANSACTION DATE
EXEMPTED		-		-		-
DECLARATION						
1. I HAVE READ THE NOTICE OF EXAMINATION AND ACCEPT ALL THE TERMS & CONDITIONS MENTIONED THEREIN.						
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.						
3. I DECLARE THAT THE PHOTOGRAPH UPLOADED IN APPLICATION FORM IS NOT MORE THAN 3 MONTHS OLD.						
4. I AGREE TO AUTHORIZE SSC TO USE MY AADHAAR DATA FOR VERIFICATION PURPOSE. *VERIFICATION WILL BE SUBJECT TO AUTHORIZATION FROM COMPETENT AUTHORITY.						



