



ANDHRA PRADESH PUBLIC SERVICE COMMISSION

Notification No.	DEPARTMENTAL TESTS :: MAY 2024 SESSION (Notification No. 09/2024)		
OTPR ID	APD1000382791	Payment Reference ID	PAY09241009557
ExamFee ID	APP09241009555	Name	CH S LAKSHMI KUMARI
Father's/Husband's Name	A V V Chalapathi Rao	Date of Birth (DD/MM/YYYY)	17/07/1978
Gender	Female	e-Mail	SUVXXXXXX@GMAIL.COM
Working District	Ntr	Mobile No	85XXXXXX561
Present Designation	SECONDARY GRADE TEACHER		
Differently Abled or Persons with Benchmark Disabilities	NO		
Village/Ward Secretariat Employee	NO		
Address	25/8/16, Jami APPANA street Seetannapeta, Vijayawada, Andhra Pradesh, 520003		
Fee Paid	Yes	Date of Payment	15/04/2024
Appl. Processing Fee	500.00	Exam Fee for (1) Papers	500.00
Fee Amount(Excluding Service Charge)	1000.00/-	Service Charge	17.70/-
Total Amount(Including Service Charge)	1017.70/-		

Photo



BarCode



QRCode



S.No	Tests	Papers Applied For	Paper Code
1	Special Language Test (Higher Standard)	Special Language Test for Officers of the Education Department, Higher Standard (Telugu)	37

Exam Center Preferences

S.No	Preference Order	District
1	Preference 1	Ntr
2	Preference 2	Krishna
3	Preference 3	Guntur

Declaration :

I abide by the rules concerning the Test and applied for the Test as stated in the relevant G.Os
I declare that the details furnished in the application are final. Subsequent requests for corrections will not be entertained for wrong filling of application.
I also declare that I have not been debarred from appearing for any examination. In the event of any information being found false or incorrect, or ineligibility being detected at any time before or after the Examination/Viva-Voce, action can be taken against me and I shall be bound by the decision of the Commission and/or Employer.
I also declare that I am appearing the examination in the District where I am working.

sd/-

