



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

REGISTRATION NO: 20004657308



APPLICATION RECEIVED (CONTENTS NOT VERIFIED)			निकिता मीना
1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/ CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
NIKITA MEENA	-	SUMER SINGH MEENA	SARSWATI DEVI
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/08/2023	7. GENDER	8. CATEGORY
11/05/2004	19.2	FEMALE	ST
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		MARK ON CHIN	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING
BOARD OF SECONDARY EDUCATION, RAJASTHAN		1756373	2018
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)	
JAIPUR (2405)	DELHI (2201)	AJMER (2401)	
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)	
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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

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19. LANGUAGE/ MEDIUM OF SKILL TEST

20. POST(S) APPLYING FOR

HINDI

BOTH (STENOGRAPHER GRADE C AND GRADE D)

21.1 WHETHER SEEKING AGE RELAXATION ?

21.2 IF YES, AGE RELAXATION CODE

NO

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22. HIGHEST EDUCATIONAL QUALIFICATION

B.SC. (9)

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	2020	RAJASTHAN	BOARD OF SECONDARY EDUCATION, RAJASTHAN	2599021	77	-

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

WARD NO 13 NEAR POWER HOUSE VIRATNAGAR JAIPUR

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DISTRICT: JAIPUR

DISTRICT:JAIPUR

STATE: RAJASTHAN

STATE: RAJASTHAN

PIN : 303102

PIN : 303102

MOBILE NO: 7240703740

EMAIL: mrsumit325@gmail.com

28. WHETHER PHOTOGRAPH HAS BEEN TAKEN ON OR AFTER 03-MAY-2023?

YES

FEE PAYMENT

AMOUNT

TRANSACTION NO

TRANSACTION DATE

EXEMPTED

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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 PHOTGRAPH 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.



