



उत्तर प्रदेश अधीनस्थ सेवा चयन आयोग

# Uttar Pradesh

## Subordinate Services Selection Commission

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## Print Application Form

All \* fields are compulsory

Registration <input checked="" type="checkbox"/>	Upload Photo & Signature <input checked="" type="checkbox"/>	File Remaining Details <input checked="" type="checkbox"/>
Fee Deposition & Final Submit <input checked="" type="checkbox"/>	Print Application Form <input checked="" type="checkbox"/>	



### Uttar Pradesh Subordinate Services Selection Commission, Lucknow

उत्तर प्रदेश अधीनस्थ सेवा चयन आयोग, लखनऊ



I hereby declare that I have read and understood all the terms and conditions mentioned in the advertisement and I accept them.



Notification Details :

Advt Number :

**01-Exam/2025**

Applied For :

**PRELIMINARY ELIGIBILITY TEST (PET) 2025,**



Candidate's Personal Details

Registration Number.

**30410386935**

Advertisement / Notification No

**01-Exam/2025**

Candidate Name

**VARMA ANJNA**

Father's / Husband's Name

**DABHU AL VARMA**

**ABDUL VARMA****Mother's Name****SUSHILA VARMA****Date Of Birth****12/07/1999****Are you a domicile of Uttar Pradesh?****Yes****Home State****UTTAR PRADESH****Home District****BALRAMPUR****Gender****Female****Category****OBC****Economically Weaker Sections(EWS)****No****Are you Married ?****No****Mobile Number****98\* \* \* \*9407****Email ID****\* \* \*navarma2803@gmail.com****Candidate's Other Details****Are you a Dependent of Freedom Fighter from Uttar Pradesh?****No****Ex. Servicemen Personnel Status****No****Ex. ECO/SSCO/CO Of Army Personnel Status ?****No****Are you a Skilled Player from Uttar Pradesh ?****No****Category of Player****N/A****Employment Details****Not An Employee of Uttar Pradesh Government****Are you a person with disability of Uttar Pradesh?****No**

Do you have vision related disability?

No

Do you have hearing related disability?

No

Do you have locomotor disability?

No

Do you have psychological/ neurological disability? :

No

Do you have multiple disabilities? :

No

Claiming age relaxation other than above grounds (Caste category, Sub category, Uttar Pradesh Government Service duration etc.)

Are you claiming any additional age relaxation ?

No

## Basic Academic Details

Examination Passed	Board Name	Year of Passing	Roll Number	Is Grade System	Obtained Marks	Total Marks	Percentage
High School	GUJARAT SECONDARY EDUCATION BOARD	2014	A0160179	No	424	600	70.67
Intermediate	GUJARAT SECONDARY EDUCATION BOARD	2016	B525725	No	236	500	47.2

## Additional Academic Details ↓

Sr No.	Qualification	Acquired	Name of Board/ Institute/University	Year Of Passing	Certificate/Roll Number Issue Date	Marks Detail
1	भारत में विधि द्वारा स्थापित किसी विश्वविद्यालय से स्नातक उपाधि या सरकार द्वारा मान्यता प्राप्त उसके समकक्ष कोई अर्हता।	Yes	GUJARAT TECHNOLOGY UNIVERSITY	2020	162080290100 21/08/2020	Is Grade: Yes Obt Marks: N/A Tot Marks: N/A Per: 75.05



Preferential Qualification Details

S No.	Qualification	Acquired
1	Served in the Territorial Army for a minimum period of 02 years.	No
2	Has been obtained National Cadet Corps B certificate.	No

Bank Transaction Details

**Bank Name - Payment Mode :**  
**State Bank Of India - CC**

**Fees, Transaction ID - Date:**  
**Rs. 185.00 , 1347731437329 -2025/06/16**

↓ Address Details ↓

**Name , C/O:**

**House no./Village :**

**Street No./PO :**

**Locality/Kasba/City :**

**State / District Name :**

**Pin :**

Permanent Address

**Anjna Varma , C/O Babulal Varma**

**Village Shahpur Itai**

**Post Chamrupur**

**Utraula**

**UTTAR PRADESH / BALRAMPUR**

**271609**

Correspondence/Mailing Address

**Anjna Varma , C/O Babulal Varma**

**Village Shahpur Itai**

**Post Chamrupur**

**Utraula**

**UTTAR PRADESH / BALRAMPUR****271609**

## Declaration

- ☒ **1.** I hereby declare that I have read and understood all the terms and conditions mentioned in the advertisement and I accept them.
- ☒ **2.** I affirm that all the information provided by me in this application is true, complete and fully accurate to the best of my knowledge and belief.
- ☒ **3.** If any information is found to be false, incorrect or misleading or if I am deemed ineligible at any stage either before or after selection, the Commission reserves the right to take appropriate action against me as per the rules. I accept full responsibility for any consequences arising from misrepresentation or misinformation provided to the Commission.

**I accept the above declaration : Yes**

**Current status of application**

**Application form has been provisionally accepted.**

**App. form submission date : DATE :16/06/2025 ,TIME :20:00:47**

**App. form printing Date & Time : [ 16/06/2025 ,8:05:38 PM ]**

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