



**STAFF SELECTION COMMISSION**  
BLOCK NO. 12, CGO-COMPLEX, LODHI ROAD, NEW DELHI  
110003  
STENOGRAPHER GRADE 'C' and 'D' EXAMINATION,  
2020



REGISTRATION NO: 40000460582

APPLICATION IS PROVISIONALLY ACCEPTED

1. NAME AS PER MATRICULATION		2. NEW/	3. FATHER'S NAME	4. MOTHER'S NAME
VIJAY SINGH		-	SATISH KUMAR	SUMAN DEVI
5. DATE OF BIRTH (DD/MM/YYYY)		6. AGE AS ON	7. GENDER	8. CATEGORY
11/12/1991		01/08/2020	MALE	OBC
9. WHETHER PERSON WITH DISABILITY (PWD) ?			9.1 IF YES, TYPE OF DISABILITY (OH, HH,VH, OTHERS)	
NO			-	
10. NATIONALITY			11. MARK OF VISIBLE IDENTIFICATION	
CITIZEN OF INDIA			MOLE ON CHEST	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD		13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING	
BOARD OF SCHOOL EDUCATION HARYANA		206643977	2007	
15. DO YOU POSSESS KNOWLEDGE OF STENOGRAPHY ?				
YES				
16. PREFERENCE OF EXAMINATION CENTERS				
EXAMINATION CENTER ( FIRST )		EXAMINATION CENTER ( SECOND )		EXAMINATION CENTER ( THIRD )
DELHI ( 2201 )		ALWAR ( 2402 )		JAIPUR ( 2405 )
17. WHETHER EX-SERVICEMAN ( ESM ) ?	17.1. DATE OF DISCHARGE FROM ARMED FORCES ( DD/MM/YYYY )		17.2. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN ( ESM ) ?	
NO	-		-	
17.3. DATE OF JOINING THE CIVIL POST ( DD/MM/YYYY )			17.4. LENGTH OF SERVICE IN ARMED FORCES ( IN YEARS )	
-			-	
18.1. WHETHER SUFFERING FROM CEREBRAL PALSY ?				
-				
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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18.3. WHETHER SCRIBE IS REQUIRED ?		18.4. WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE ?		18.5. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM
-		-		-



19. LANGUAGE/ MEDIUM OF SKILL TEST		20. POST(S) APPLYING FOR		
ENGLISH		STENOGRAPHER GRADE C		
21. WHETHER SEEKING AGE RELAXATION ?		21.1 IF YES,INDICATE CODE		
NO		-		
22. QUALIFICATION DETAILS				
INTERMEDIATE/ HIGHER SECONDARY/ 10+2 (2)				
23. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION				
12TH STANDARD				
BOARD/ UNIVERSITY	ROLL NO	YEAR OF PASSING	PERCENTAGE	CGPA
BOARD OF SCHOOL EDUCATION HARYANA	3208316377	2009	58	-
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 ?				
NO				
ADDRESS DETAIL				
25. POSTAL ADDRESS		26. PERMANENT ADDRESS		
VPO- DARAULI DISTT -REWARI TEH- REWARI		VPO- DARAULI DISTT -REWARI TEH- REWARI		
DISTRICT: REWARI		DISTRICT:REWARI		
STATE: HARYANA		STATE: HARYANA		
PIN : 123411		PIN : 123411		
MOBILE NO: 9050589851		EMAIL: vijayrock1991@gmail.com		
FEE PAYMENT	AMOUNT	TRANSACTION NO	TRANSACTION DATE	
NOT EXEMPTED	100	IGAJTQYBJ6	04/11/2020	
DECLARATION				
1. I HAVE READ THE NOTICE OF THE EXAMINATION AND ACCEPT ALL THE TERMS & CONDITIONS OF THE NOTICE OF THE EXAMINATION.				
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.				

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