



STAFF SELECTION COMMISSION

BLOCK NO. 12, CGO-COMPLEX, LODHI ROAD, NEW DELHI
110003

COMBINED GRADUATE LEVEL EXAMINATION, 2020



RINKU SHARMA
04-01-2021

REGISTRATION NO: 92000683787

APPLICATION IS PROVISIONALLY ACCEPTED

Rinku

1. NAME AS PER MATRICULATION CERTIFICATE	2. NEW/ CHANGED NAME	3. FATHER'S NAME	4. MOTHER'S NAME
RINKU SHARMA	-	PURAN MAL	SUMER DEVI
5. DATE OF BIRTH (DD/MM/YYYY)	6. AGE AS ON 01/01/2021	7. GENDER	8. CATEGORY
13/06/1993	27.6	FEMALE	UNRESERVED
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 FACE	
12. MATRICULATION (10th CLASS) EXAMINATION BOARD	13. MATRICULATION (10th CLASS) ROLL NO	14. MATRICULATION (10th CLASS) YEAR OF PASSING	
BOARD OF SECONDARY EDUCATION, RAJASTHAN	0521519	2007	
15. PREFERENCE OF EXAMINATION CENTERS			
EXAMINATION CENTER (FIRST PREFERENCE)	EXAMINATION CENTER (SECOND PREFERENCE)	EXAMINATION CENTER (THIRD PREFERENCE)	
JAIPUR (2405)	AJMER (2401)	JODHPUR (2406)	
16.1. WHETHER EX-SERVICEMAN (ESM) ?	16.2. LENGTH OF SERVICE IN THE ARMED FORCES (IN YEARS)	16.3. DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)	
NO	-	-	
16.4. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) ?		16.5. DATE OF JOINING THE CIVIL POST (DD/MM/YYYY)	
-		-	
17. 1. WHETHER SUFFERING FROM CEREBRAL-PALSY ?			
-			

17.2. 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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17.3. WHETHER SCRIBE IS REQUIRED ?		17.4. WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE ?		17.5. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM		
-		-		-		
18. ARE YOU ALSO APPLYING FOR THE POST OF JUNIOR STATISTICAL OFFICER (MoSPI)?			19. DO YOU POSSESS EQ FOR THE POST OF JUNIOR STATISTICAL OFFICER (MoSPI)?			
NO			-			
20. WHETHER SEEKING AGE RELAXATION ?			20.1 IF YES, AGE RELAXATION CODE			
NO			-			
21. HIGHEST EDUCATIONAL QUALIFICATION						
BA (5)						
22. DETAILS OF QUALIFYING EDUCATIONAL QUALIFICATION						
GRADUATION						
STATUS	PASSING YEAR	STATE/ UT OF BOARD/ UNIVERSITY	NAME OF BOARD/ UNIVERSITY	ROLL NO	PERCENTAGE	CGPA
PASSED	2013	RAJASTHAN	UNIVERSITY OF RAJASTHAN	666082	48.22	-
23. 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						
24. CORRESPONDENCE ADDRESS			25. PERMANENT ADDRESS			
VILLAGE NAYABAS TEH DANTARAMGARH POST DUDWA SIKAR RAJASTHAN			VILLAGE NAYABAS TEH DANTARAMGARH POST DUDWA SIKAR RAJASTHAN			
DISTRICT: SIKAR			DISTRICT:SIKAR			
STATE: RAJASTHAN			STATE: RAJASTHAN			
PIN : 332406			PIN : 332406			
MOBILE NO: 7850050705			EMAIL: himanyakhandal2015@gmail.com			
27. DATE ON WHICH THE UPLOADED PHOTOGRAPH HAS BEEN TAKEN (DD/MM/YYYY):			28. WHETHER THE DATE OF PHOTOGRAPH IS CLEARLY PRINTED ON THE PHOTOGRAPH			
04/01/2021			YES			
FEE PAYMENT	AMOUNT		TRANSACTION NO	TRANSACTION DATE		
EXEMPTED	-		-	-		
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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