



STAFF SELECTION COMMISSION

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

PHASE - X/ 2022 / SELECTION POSTS

REGISTRATION NO: 40000718759



DOP_15/04/2022

APPLICATION RECEIVED (CONTENTS NOT VERIFIED)

1. CANDIDATE'S NAME (AS PER THE MATRICULATION CERTIFICATE)	2. NEW/ CHANGED NAME	3. FATHER'S NAME (AS PER THE MATRICULATION CERTIFICATE)	4. MOTHER'S NAME (AS PER THE MATRICULATION CERTIFICATE)
PROTUL BISWAS	-	PANKAJ BISWAS	BASANTI BISWAS
5. DATE OF BIRTH (DD/MM/YYYY)(AS PER THE MATRICULATION CERTIFICATE)	6. AGE AS ON 01/01/2022	7. GENDER	
15/04/2001	20.8	MALE	
8. CATEGORY	9. WHETHER PERSON WITH DISABILITY (PWD) ?	9.1. IF YES, TYPE OF DISABILITY (OH, HH, VH, OTHERS)	
SC	NO	-	
10. NATIONALITY	11. MARK OF VISIBLE IDENTIFICATION		
CITIZEN OF INDIA	A BLACK SPOT UNDER THE EYE		
12. MATRICULATION (10th CLASS) EXAMINATION BOARD	13. MATRICULATION (10th CLASS) ROLL NO.	14. MATRICULATION (10th CLASS) YEAR OF PASSING	
WEST BENGAL BOARD OF SECONDARY EDUCATION	801611N0049	2017	
15. REGION TO WHICH THE POST BELONG :	EASTERN REGION		
16. POST CODE	17. POST NAME	18. LEVEL OF POST	
ER17222	WORKSHOP ATTENDANT	MATRICULATION	
I HAVE READ THE DETAILS viz. ESSENTIAL QUALIFICATIONS/EXPERIENCE ETC RELATED TO THE POST			
YES			
19. PREFERENCE OF EXAMINATION CENTER			
EXAMINATION CENTER (FIRST PREFERENCE)	EXAMINATION CENTER (SECOND PREFERENCE)	EXAMINATION CENTER (THIRD PREFERENCE)	
4419 - KALYANI	4410 - KOLKATA	4415 - SILIGURI	

20.1. WHETHER YOU ARE AN EX-SERVICEMAN (ESM) OR SERVING IN THE ARMED FORCES?		20.2. DATE OF JOINING THE ARMED FORCES (DD/MM/YYYY)			
NO		-			
20.3. DATE OF DISCHARGE FROM ARMED FORCES (DD/MM/YYYY)		20.4. LENGTH OF SERVICE IN ARMED FORCES			
-		-			
20.5. HAVE YOU ALREADY JOINED A CIVIL POST BY AVAILING BENEFIT OF RESERVATION FOR EX-SERVICEMAN (ESM) ?		20.6. DATE OF JOINING TO CIVIL POST (DD/MM/YYYY)			
-		-			
21.1. WHETHER SUFFERING FROM CEREBRAL-PALSY ?					
-					
21.2. 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) ?					
-					
21.3. WHETHER SCRIBE IS REQUIRED ?	21.4. WILL YOU MAKE YOUR OWN ARRANGEMENT OF SCRIBE ?	21.5. IF SCRIBE IS TO BE ARRANGED BY SSC, INDICATE MEDIUM			
-	-	-			
22. WHETHER SKILL TEST REQUIRED?:			23. LANGUAGE/ MEDIUM OF SKILL TEST		
NO			-		
24.1. WHETHER SEEKING AGE RELAXATION ?			24.2. IF YES, AGE RELAXATION CODE		
NO			-		
25. ESSENTIAL QUALIFICATION RELEVANT TO THE POST OF INTEREST			SUBJECT		
-/- (I) MATRICULATION OR EQUIVALENT FROM RECOGNIZED BOARD; AND (II) NATIONAL TRADE CERTIFICATE IN ONE OF THE TRADES APPROVED UNDER CRAFT TRAINING SCHEME; OR NATIONAL APPRENTICESHIP CERTIFICATE IN ONE OF THE TRADES APPROVED UNDER ADVANCE TRAINING SCHEME			-/- (I) MATRICULATION OR EQUIVALENT FROM RECOGNIZED BOARD; AND (II) NATIONAL TRADE CERTIFICATE IN ONE OF THE TRADES APPROVED UNDER CRAFT TRAINING SCHEME; OR NATIONAL APPRENTICESHIP CERTIFICATE IN ONE OF THE TRADES APPROVED UNDER ADVANCE TRAINING SCHEME		
25.a. HIGHEST EDUCATIONAL QUALIFICATION (IF ACQUIRED ANY, RELEVANT TO THE POST OF INTEREST)					
-					
26. DETAILS OF WORK EXPERIENCE					
S.NO.	NAME OF ORGANIZATION(S)	DESIGNATION	NATURE OF DUTY	PERIOD OF SERVICE FROM (DD/MM/YYYY)	PERIOD OF SERVICE TO (DD/MM/YYYY)
1	-	-	-	-	-

ADDRESS DETAIL

27. CORRESPONDENCE ADDRESS	28. PERMANENT ADDRESS
VILL-UTTAR BHAYNA PO-BHAYNA PS-HANSKHALI DIST-NADIA	VILL-UTTAR BHAYNA PO-BHAYNA PS-HANSKHALI DIST-NADIA
DISTRICT: NADIA	DISTRICT: NADIA
STATE: WEST BENGAL	STATE: WEST BENGAL
PIN 741502	PIN: 741502
MOBILE NO : 8240152532	EMAIL: protulbiswas161@gmail.com

29. CONTACT DETAILS FOR OTHER NATIONALS

30. WHETHER THE PHOTOGRAPH HAS BEEN TAKEN ON OR AFTER 11/02/2022?

YES

FEE PAYMENT	AMOUNT	TRANSACTION NO	TRANSACTION DATE
EXEMPTED	-	-	-

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 PHOTOGRAPH UPLOADED IN APPLICATION FORM IS NOT MORE THAN 3 MONTHS OLD.

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IP ADDRESS: 47.11.233.72