Remaing part of previous page...

ID NO.

# APPLICATION FORM (SECTION-D) (PART-I)

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DELHI SUBORDINATE SERVICES SELECTION BOARD

**(To be filled in by the candidate with Ball Point Pen in his/her own handwriting after carefully reading the instructions as laid down in the advertisement. Applications which are Incomplete/ unsigned / without Left Thumb Impression (LTI) will be summarily rejected)**

PASTE YOUR RECENT, GOOD QUALITY PASSPORT SIZE COLOURED PHOTOGRAPH HERE

SIGNATURE OF CANDIDATE

LEFT HAND THUMB IMPRESSION OF CANDIDATE

ADVT No. 03/2009 POST CODE: ☐☐☐ / ☐☐

1. POST NAME

2. CANDIDATE'S NAME **IN HINDI**

3. CANDIDATE'S NAME **IN ENGLISH**

5. FATHER'S/HUSBAND'S NAME **IN ENGLISH**

6. ADDRESS (Write in capital letters only) FOR COMMUNICATION

PIN CODE

7. DATE OF BIRTH
(a) (In figures) DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐

(b) In words

(c) AGE AS ON CLOSING DATE(02/12/2009): _____YEAR_____MONTH_____DAYS_____

4. CATEGORY/COMMUNITY (TICK MARK' ✓ 'IN BOX)

| | DELHI | OUTSIDER |
|---|---|---|
| UR | | |
| SC | | |
| ST | | |
| OBC | | |
| VISUALLY HANDICAPED | | |
| HEARING HANDICAPED | | |
| ORTHO HANDICAPED | | |
| EXSM | | |
| GOVT. EMPLOYEE | | |
| DEPTT. EMPLOYEE | | |
| SPORTS EMPLOYEE | | |
| WIDOW /DIVORCE | | |

8. SEX ( ✓ )

| | |
|---|---|
| M | |
| F | |

9. MARITAL STATUS ( ✓ )

| | |
|---|---|
| M | |
| U | |

10. INDIAN POSTAL ORDER DETAILS

| I.P.O. NUMBER | DATE OF ISSUE | NAME OF ISSUING POST OFFICE | AMOUNT (IN RS.) |
|---|---|---|---|
| | | | |

11. (a) EDUCATIONAL AND PROFESSIONAL QUALIFICATION (Attach duly attested copies of certificates as proof)

| SL. No. | EXAMINATION PASSED | NAME OF THE BOARD/ UNIVERSITY | DURATION (in number of years) | MONTH AND YEAR OF PASSING | % OF MARKS OBTAINED | SUBJECT |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(b) DO YOU POSSESS THE ESSENTIAL QUALIFICATION AND EXPERIENCE AS ON CLOSING DATE OF RECEIPT OF APPLICATION (TICK MARK' ✓ 'IN THE BOX) YES ☐ NO ☐

12. DETAILS OF EMPLOYMENT, STARTING FROM THE MOST RECENT

| NAME OF ORGANISATION | POST HELD | FROM | TO | TOTAL (YEARS, MONTHS) | SCALE OF PAY | TOTAL MONTHLY EMOLUMENTS | ADHOC/TEMP/ PERMANENT | NATURE OF DUTIES |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |

PLACE:.....
DATE:.....

(SIGNATURE OF THE CANDIDATE)

NAME_____

## (PART-II)

1. (a) HAVE YOU APPLIED, PREVIOUSLY, FOR ANY POST TO THE DSSSB (TICK MARK ' ✓ ' IN BOX) YES ☐ NO ☐

(b) IF YES, PLEASE MENTION DETAILS THEREOF

POST CODE ☐☐☐ ROLL NO. ☐☐☐☐☐☐ POST CODE ☐☐☐ ROLL NO. ☐☐☐☐☐☐

2. (a) WHETHER DEBARRED IN ANY EARLIER EXAMINATION BY DSSSB? (TICK MARK' ✓ 'IN BOX) YES ☐ NO ☐

(b) IF YES, GIVE DETAILS- (I) POST CODE, (II) ROLL NUMBER, (III) DATE OF DEBARMENT, (IV) PERIOD FOR WHICH DEBARRED

..... ..... ..... .....

3. PLACE OF BIRTH

| VILL. | DISTT. | STATE |
|---|---|---|
| | | |

4. NATIONALITY_____

5. DETAILS OF EXSM (If you are Ex-servicemen, Please specify your)
(a) Date of appointment in Armed Force _____
(b) Date of Discharge _____
(c) Length of service in Armed Force _____
(d) Your last unit/council _____

6. (a) MEDIUM OF LANGUAGE IN DESCRIPTIVE TEST (PART-II): English/Hindi (Strike off whichever is not applicable)
(b) MEDIUM OF SKILL TEST (If Applicable): English/Hindi (Strike off whichever is not applicable)

7. (a) WHETHER GOVERNMENT EMPLOYEE HOLDING CIVIL POST (TICK MARK' ✓ 'IN THE BOX)
YES ☐ NO ☐

(b) IF YES, SINCE WHEN DATE ☐☐ MONTH ☐☐ YEAR ☐☐☐☐

8. LIST OF DOCUMENTS ATTACHED WITH THE APPLICATION FORM (ONLY DULY ATTESTED COPIES OF RELEVANT DOCUMENTS/CERTIFICATES)

i) _____ v) _____
ii) _____ vi) _____
iii) _____ vii) _____
iv) _____ viii) _____

**9. DECLARATION:**

(a) I hereby certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief and have been filled in **my own handwriting.**

(b) I also declare that I have submitted only one application for one post code in response to this advertisement.

(c) I have read all the provisions mentioned in the advertisement/notice of examination carefully as published in the Employment News and I hereby undertake to abide by them.

(d) I have also enclosed duly attested and legible copies of all the relevant documents/certificates.

(e) I understand that in the event of information being found false or detected incorrect or incomplete at any stage prescribed in the notice or any ineligibility being detected before or after the examination, my candidature/selection/appointment is liable to be cancelled/terminated automatically without any notice to me and action can be taken against me by the DSSSB.

(f) The information submitted herein shall be treated as final in respect of my candidature for the post applied-for through this application form.

(g) I also declare that I have informed my Head of Office/Department in writing that I am applying for this post/exam (for GOVERNMENT employees only).

PLACE:.....
DATE:.....

(SIGNATURE OF THE CANDIDATE)

NAME_____

**NOTE: ALL THE SIGNATURES DONE ON THE APPLICATION FORM SHOULD BE IN RUNNING SCRIPT (NOT IN BLOCK LETTERS) AND IN THE SAME LANGUAGE AND STYLE.**