



11. MARITAL STATUS(TICK MARK ✓ IN THE BOX)

MARRIED UNMARRIED

12. COMMUNITY (TICK MARK ✓ IN THE BOX) UR SC ST OBC

13. CATEGORY TICK MARK ✓ IN THE APPLICABLE BOX IF YOU SEEK THE BENEFITS OF RESERVATION/AGE RELAXATION, AS APPLICABLE.

SC	ST	OBC	VISUALLY HANDICAPPED	HEARING HANDICAPPED	ORTHO HANDICAPPED	EXSM	SPORTSPERSON	WIDOW/DIVORCEE ETC	GOVERNMENT EMPLOYEE	DEPARTMENTAL EMPLOYEE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(i) ARE YOU ALSO COVERED UNDER THE CATEGORY OF EX-SERVICEMEN: YES NO  
(TICK MARK ✓ IN THE BOX)

- IF YOU ARE EX-SERVICEMEN, PLEASE SPECIFY YOUR
- a) DATE OF APPOINTMENT IN ARMED FORCES \_\_\_\_\_
  - b) DATE OF DISCHARGE \_\_\_\_\_
  - c) LENGTH OF SERVICE IN ARMED FORCES \_\_\_\_\_
  - d) YOUR LAST UNIT/CORPORATIONS \_\_\_\_\_

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

NOTE: Candidates applying for the post of LDC/Stenographer should attempt his/her descriptive Exam. (Part-II) only in the same language i.e. Hindi or English opted for skill Test(Typing or Stenography)

15. (A) WHETHER GOVERNMENT EMPLOYEE HOLDING CIVIL POST( TICK MARK ✓ IN THE BOX) YES NO

(B) IF YES, SINCE WHEN DATE MONTH YEAR

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

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

(b) DO YOU POSSESS THE ESSENTIAL QUALIFICATION AND EXPERIENCE AS ON CLOSING DATE OF RECEIPT OF APPLICATION

(Tick Mark ✓ in the box) YES NO

17. 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

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

(b) IF YES, PLEASE MENTION DETAILS THEREOF ROLL NO. POST CODE

19. (a) WHETHER DEBARRED IN ANY EARLIER EXAMINATION BY DSSSB? (TICK MARK '✓' IN BOX) YES
- NO
- (b) IF YES, GIVE DETAILS -
- |       |                           |                      |
|-------|---------------------------|----------------------|
| (I)   | POST CODE                 | <input type="text"/> |
| (II)  | ROLL NUMBER               | <input type="text"/> |
| (III) | DATE OF DEBARMENT         |                      |
| (IV)  | PERIOD FOR WHICH DEBARRED |                      |

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

- i)
- ii)
- iii)
- iv)

**21. 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 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.**