

COMBINED GRADUATE LEVEL EXAMINATION, 2023

Instructions

PLEASE BE VERY CAREFUL WHILE FILLING THE APPLICATION FORM

1. Candidate's Name: (As per the Matriculation Certificate)	SAMPLE NAME
2. New / Changed Name:	
3. Father's Name:	SAMPLE FATHER NAME
4. Mother's Name:	SAMPLE MOTHER NAME
5. Date of Birth (DD/MM/YYYY) (As per the Matriculation Certificate):	02/01/1999
6. Age as on 01/08/2023:	24.6
7. Gender:	Male
8. Category:	UR
9. Whether Person with Benchmark Disability (PwBD)?:	No
9.1. If Yes, Type of Disability:	
10. Nationality:	Citizen of India
11. Mark of Visible Identification:	MOLE ON RIGHT CHEEK
12. Matriculation (10 th Class) Examination Board:	Central Board of Secondary Education (CBSE)
13. Matriculation (10 th Class) Roll No.:	301739
14. Matriculation (10 th Class) Year of Passing:	2013
15. Preference of Examination Centres: *	Center 1 <input type="checkbox"/> Center 2 <input type="checkbox"/> Center 3 <input type="checkbox"/>
16.1. Whether you are an Ex-Servicemen (ESM) or serving in the Armed Forces? *	<input type="radio"/> Yes <input type="radio"/> No
16.2. Date of Joining the Armed Forces (DD/MM/YYYY):	
16.3. Date of Discharge/ Likely Date of Discharge from the Armed Forces (DD/MM/YYYY):	
16.4. Length of service in the Armed Forces:	
16.5. Have you already joined a civil post by availing benefit of reservation for Ex-Servicemen (ESM) : Please refer to the Notice of Examination, Para-5.6	<input type="radio"/> Yes <input type="radio"/> No
16.6. Date of Joining to Civil Post (DD/MM/YYYY):	

17.1. Are you a person with benchmark disabilities (40% or more) in the category of Blindness (VH)?
[Please refer to the Notice of Examination, Para-7.1](#) Yes No

17.2. Are you a person with benchmark disabilities (40% or more) in the category of OH- Both Arms Affected (OH-BA) or OH- Cerebral Palsy (OH-CP)?
[Please refer to the Notice of Examination, Para-7.1](#) Yes No

17.3. Do you have a physical limitation to write as per Para 7.2 or 7.3 of the Notice (Certificate to this effect from competent authority as per format at Annexure-I/ Annexure-IA to the Notice of Examination, would be required at the time of Examination.)? : Yes No

17.4. Whether scribe is required?: Yes No
[Please see Para - 7 of the Notice](#)

17.5. Will you make your own arrangement of Scribe?: Yes No

17.6. If Scribe is to be arranged by SSC, then indicate medium:

18.1. Are you also applying for the Post of Junior Statistical Officer (MoSPI): * Yes No

18.2. Do you possess EQ for the Post of Junior Statistical Officer (MoSPI): * Yes No

19.1. Are you also applying for the Post of Statistical Investigator Grade II (RGI): * Yes No

19.2. Do you possess EQ for the Post of Statistical Investigator Grade II (RGI): * Yes No

20.1. Whether seeking Age Relaxation? :* Yes No

20.2. If Yes, Age Relaxation code:
[Please see Para - 5.2 of the Notice](#)

21. Highest Educational Qualification: *

22. Details of Qualifying Educational Qualification: *

Status	Passing Year	State/ UT of Board/ University	Name of Board/ University	Roll No	Percentage	CGPA
<input type="text" value="--Select Stat--"/>	<input type="text" value="--Select Year--"/>	<input type="text" value="--Select State--"/>	<input type="text" value="--Select a Board/ Univers"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

23. Do you want to make your personal information available for accessing job opportunities in terms of DoP&T's OM.No.39020/1/2016-Estt.(P) dated 21/06/2016? * Yes No
[Please see Para - 21 of the Notice](#)

24. Correspondence Address: Sample Permanent Address

State: Punjab

District: Patiala

Pin: 140401

25. Permanent Address: HNOY
State: Andhra Pradesh
Pin: 530012
Mobile Number: 7890679091
Email: adityaxii@gmail1.com

26. Contact Details for Other Nationals:

Photograph And Signature

Upload a photograph without Spectacles/Cap taken on or after 3-January-2023*
Allowed File Size: 20 KB to 50 KB
Format: JPEG/ JPG
Image Size: About 3.5 cm (width) x 4.5 cm (height)
 No file chosen

Upload Signature *
Allowed File Size: 10 KB to 20 KB
Format: JPEG/ JPG
Image Size: About 4.0 cm (width) x 2.0 cm (height)
 No file chosen

27. Whether the photograph has been taken on or after 3-January-2023?: Yes No

Declaration

- 1. I have read the Notice of Examination and accept all the Terms & Conditions mentioned therein.
- 2. I hereby declare that all the 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 at any stage 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 the Application Form has been taken on or after the stipulated dated.
- 4. I agree to authorize SSC to use my Aadhaar data for verification purpose.*

*Verification will be subject to authorization from competent authority.

I Agree



Try Another

ENTER TEXT

Preview

Reset

Close

Specimen of Photographs

Acceptable Photograph



Samples of photographs which are not acceptable

Extra Colour



Too close



With hat/cap



Blur Photographs



Inverted

Too dark

With goggles



Facing Sideways

Too Small

With spectacles



BASIC DETAILS

NOTE: Candidates must be cautious while filling up Registration details. Your candidature may get cancelled in case incorrect/ wrong information is furnished.

1. Do you have Aadhaar ? * Yes No

1a. Aadhaar Number
Aadhaar Number should be same as mentioned in Aadhaar Card

1b. Verify Aadhaar Number

1c. Type of ID *
Type of ID and ID Number to be provided if you don't want to give Aadhaar number

1d. ID Number *

2a. Name *
1. Name should be same as mentioned in Matriculation Certificate
2. Please enter name without any salutation (i.e. Shri/ Smt/ Mr/ Mrs/ Ms/ Dr/ Prof)

2b. Verify Name *

2c. Have you ever changed Name? Yes No

2d. New Name / Changed Name

3a. Father's Name *
1. Father's Name should be same as mentioned in Matriculation Certificate
2. Please enter name without any salutation (i.e. Mr/ Shri/ Late/ Dr/ Prof etc)

3b. Verify Father's Name *

4a. Mother's Name *
1. Mother's Name should be same as mentioned in Matriculation Certificate
2. Please enter name without any salutation (i.e. Mrs/ Ms/ Smt/ Late/ Dr/ Prof etc)

4b. Verify Mother's Name *

5a. Date of Birth (DD/MM/YYYY) *
Date of Birth should be same as mentioned in Matriculation Certificate

5b. Verify Date of Birth (DD/MM/YYYY) *

6. Matriculation (10th Class) Examination details :

(i). Education Board *
Education Board of Matriculation Examination

(ii). Verify Education Board *

(iii). Roll Number *
1. Roll Number should be same as mentioned in Matriculation Certificate
2. Only / and - are allowed , Please enter Roll number without any other special character(s)
3. If Roll Code is given in your Matriculation Certificate then enter "Roll Code - Roll No."

Annexure-III A (2/4)

(iv). Verify Roll Number *	<input type="text" value="301739"/>
(v). Year of Passing *	<input type="text" value="2013"/>
(vi). Verify Year of Passing *	<input type="text" value="2013"/>
7a. Gender *	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
7b. Verify Gender *	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
8. Level of Educational Qualification *	<input type="text" value="Graduation"/>
9a. Mobile Number *	<input type="text" value="8111111111"/>
9b. Verify Mobile Number *	<input type="text" value="8111111111"/>
10a. Email ID *	<input type="text" value="sample123@gmail.com"/>
10b. Verify Email ID *	<input type="text" value="sample123@gmail.com"/>
* State / UT of Permanent Address *	<input type="text" value="Delhi"/>

ADDITIONAL AND CONTACT DETAILS

Edit

11a. Category * General EWS OBC ST SC

11b. Verify Category * General EWS OBC ST SC

12. Nationality *

13. Identification Marks *

14a. Are you a Person with Benchmark Disability (PwBD)? * Yes No

14b. Type of Disability

NOTE
VH: Blindness and low vision.
HH: Deaf and hard of hearing.
OH: Locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy.
Others: Autism, intellectual disability, specific learning disability and mental illness, multiple disabilities from amongst persons under the above mentioned clauses including deaf-blindness.

14c. Disability Certificate Number

15a. Permanent Address *

15b. State/ UT *

15b. State/ UT *

15c. District *

15d. PIN Code *

16. Is Present Address same as Permanent Address? Yes No

17a. Present Address *

17b. State/ UT *

17c. District *

17d. PIN Code *

18. Contact details for other nationals

Previous

Save

Next

Reset

Close

DECLARATION

Declaration : I hereby declare that the information given by me in this form is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/appointment is liable to be cancelled/terminated.

I Agree.

Previous

Take Draft Print

Final Submit

Close