

PART - II

1. (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

POST CODE	ROLL NO.	POST CODE	ROLL NO.

2. (a) WHEATHER 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

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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 DESCRIPTION TEST (PART-II) : English/Hindi (Strike off whichever is not application)

(b) MEDIUM OF SKILL TEST (If Application) : English/Hindi (Strike off whichever is not application)

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 here by 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 though 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.