GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI

DELHI SUBORDINATE SERVICES SELECTION BOARD

APPLICATION FORM

Please read the instruction carefully before filling this form. Documents mentioned in Section IVB are to be enclosed with the form by the applicant. Those candidates who wish to apply for more than one post code as advertised, should fill up and submit separate application form for each post code applied for. Application form has to be filled by candidate in his/her own handwriting with a blue ball-point pen only and should be sent by post addressed to the Secretary, Delhi Subordinate Services Selection Board, Post box No. 9030, Shahdara Post Office, Delhi - 110 032 so as to reach latest by 30.11.2002.

Application will be received by post only.

Paste a recent Passport size photograph here, duly attested by a Gazetted Officer

1. (a) Post Code No.

1.(b) Name of the Posts alongwith the Department for which you are applying : (In block letters)

2. India Postal Order Detials :

IPO Number with date of issue	Name of issuing POSTOFFICE	Amount (in Rs.)

3. CANDIDATE'S NAME (IN BLOCK LETTERS)

4. FATHER'S NAME (IN BLOCK LETTERS)

5. ADDRESS FOR CORRESPONDENCE (IN BLOCK LETTERS)

PIN CODE

6. E-mail address (if any):

7. Date of Birth
(Use numerals, one in each box)
Day Month Year

8. Sex
(Mark cross in the applicable box)
Male Female

9. Community
(Mark cross in the applicable box)
SC ST OBC UR

10. Educational and Professional Qualification

Sl. No.	Examination Passed	Name of Board/ University	Duration	Month and year of passing	% of Marks obtained	Subjects

11. DETAILS OF EMPLOYMENT, STARTING FROM THE MOST RECENT

Name of Organisation/ Department	Post Held	From (DD/MM/YY)	To (DD/MM/YY)	Total (Year, Months)	Scale of pay	Total Monthly Emoluments	Adhoc/ Temporary/ Permanent	Nature of Duties

12. Mark cross in the applicable box if you seek the benefit of Reservation

SC	ST	OBC	VISUALLY HANDICAPPED	DEAF & DUMB	ORTHO	EXS	SP	WID. DIVOR etc.	GOVT. EMP.

13. Mark cross in the applicable box if you seek the benefit of Upper Age Limit Relaxation

SC	ST	OBC	VISUALLY HANDICAPPED	DEAF & DUMB	ORTHO	EXS	SP	WID. DIVOR etc.	GOVT. EMP.

14. Declaration : I hereby declare that the above information is true, correct and complete to the best of my knowledge and belief. I also declare that I have submitted only one application for one post code in response to this advertisement. I understand that in the event of any information being found false or incorrect at any stage, my application/ candidature is liable to be summarily rejected. The information submitted here in shall be treated as final in respect of my candidature for the post applied for through this application form.

Place : _____

Date :

Signature of Candidates