GOVERNMENT OF NCT OF DELHI

Delhi Subordinate Services Selection Board

FC-18, INSTITUTIONAL AREA, KARKARDOOMA, DELHI-110092

Website: www.dsssb.delhigovt.nic.in

No. F.73/Rectt./Int. Cell/I.Cell/DSSSB/2016-17/ Dated:

NOTICE

Kind Attention:- Candidates for the post of Supervisor/Grade-II (only for female) (Post Code-212/14) who applied under Anganwadi Workers category.

In continuation of earlier notice dated 16/05/2018, it is informed to all the shortlisted candidates for the above mentioned post codes who qualified under Anganwadi Workers Category but could not upload e-dossier for want of check proforma, it is hereby informed that the said check proforma being a old version, is not required to fill up in the new system of e-dossier. However, in order to avoid inconvenience to the candidates, the said proforma is also uploaded in the website as annexure **'Form-I'.**

Encl. Annexure 'Form-I'

Dy. Secretary (DSSSB)

No. F.73/Rectt./Int. Cell/I.Cell/DSSSB/2016-17/ 534-38 **Dated:** 31/05/2018

Copy to:-

1. PS to Chairperson, DSSSB.
2. PS to Member, DSSSB.
3. PS to COE, DSSSB.
4. System Analyst, IT with the request to upload the notice on the website of the Board for information to the candidates.
5. Guard File.

Dy. Secretary (DSSSB)

595/IT
31/05/18

FORM I

GENERAL INFORMATION ON CANDIDATE FOR THE POST OF SUPERVISOR GRADE-II (FEMALE) POST CODE 212/14, AND CHECKLIST ON UPLOADING THE DOCUMENTS

(To be uploaded by candidate)

Photograph

1.

Post Code	Admit Card No. (Tier I)	Roll Number

2. **Name of Candidate** : _____
3. **Father's Name** : _____
4. **Name of Husband (in married case)**

5.1 **Permanent Address** : _____

_____

5.2 Correspondence Address : _____

_____

5.3 Mobile No. : _____

6 **Information on Birth** :

(i) Date of Birth(DD/MM/YYYY) :

(ii) Whether uploaded copy of Board Certificate In support of date of birth (Tick √ in the relevant box)

Yes ☐ No ☐

(iii) Age as on ~~27.02.2014~~ 25.01.2015: _____

7.1 Are you seeking age relaxation :

Yes ☐ No ☐

7.2 If yes, then specify the reservation category (Tick √ in the relevant box)

OBC(Delhi)	ST	ST	PH(OH/VH)	EXSM	Govt. Service

7.3 Whether uploaded copy of relevant certificate as per 7.2: Yes ☐ No ☐

8. **Details of Category and Sub-category**

A. **In case of SC/ST/OBC**

i) Number and date of issue of SC/ST/OBC certificate : _____

ii) Designation of issuing authority: _____

iii) Tehsil/District of issuing authority: _____

iv) Sate of issuing authority: _____

Note: OBC (Delhi) certificate for grant of OBC reservation issued in terms of circular dated 27.07.2007 and 28.07.2016 shall only be treated as valid.

8B. **In case of PH(OH/VH)**

i) Number and date of issue of Disability certificate: _____

ii) Designation of issuing authority: _____

iii) Hospital/Medical Institution of issuing authority: _____

iv) Tehsil/District of issuing authority: _____

v) State of issuing authority: _____

vi) %age of Disability indicated by issuing authority: _____

8C. **In case of EXSM**

i) Date of joining of Defence service: _____

ii) Date of discharge/retirement from Defence service: _____

iii) Total length of service rendered in Defence: _____

iv) Name of unit/office at the time of Discharge: _____

v) Address of the unit/office at the time of discharge: _____

vi) Whether you have/are worked/working on any civil post | Yes | No |

vii) In case of yes, speify details: _____

_____

8D. **In case of Departmental candidate**

i) Name of current Government Govt Office/ Organisation where employed : _____

ii) Address of the current Govt. office / Organization where employed: _____

iii) Whetherthe Govt. office/organization: | Central | State |

iv) If State, Name of the State: _____

v) If Central, name of the Ministry: _____

vi) Whether the office/orgnaisation is Autonomous Body : | Yes | No |

vii) Date of substantive appointment on regular Basis(Attach copy of appointment order): _____

viii) Designation of the current post: _____

9. **Details of Educational Qualification:**

i) **Matriculation / Higher Secondary**

a) Date of declaration of final result : _____

b) Name of the Board Institution : _____

c) Overall %age of marks : _____

2) Whether uploaded copy of Board Certificate: Yes No

3. **Graduation Qualification:**

i) Name of the Graduation degree : _____

ii) Date of declaration of final result : _____

iii) Name of the University / Institution : _____

iv) Whether the University/Institution is Govt./Private Govt. Private

v) In case of Private, attach documentary proof of recognition of the Graduation course as well as University/Institution itself : _____

vi) Overall %age of marks obtained in Graduation: _____

4) Whether uploaded copy of degree: Yes No

5) Whether uploaded copies of Mark sheets For 3 years of Graduation: Yes No

10. **Information regarding 10 years Experience as Aganwadi Worker:**

(i) Name of the Office from where experience Certificate issued : _____

(ii) Period of experience : _____

(iii) Name & address of Issuing Authority : _____

(iv) Date of issue of experience certificate : _____

(v) State from where experience Certificate issued: _____

(vi) Whether uploaded copy of experience Certificate: Yes No

DECLARATION :

I) That the information provided above are true to the best of my knowledge and belief.

II) That I fulfill all the eligibility conditions as prescribed in the Advertisement for which I am claiming my candidature.

III) That I also understand that in case any information is found to be wrong/misleading or documents forged or incorrect or not in coherence with the prescribed requirement, then my candidature is liable to be rejected, besides warranting legal/criminal action, if any.

Signature of the Candidate

Name of candidate