



GOVERNMENT OF NCT OF DELHI
DELHI SUBORDINATE SERVICES SELECTION BOARD
FC-18, INSTITUTIONAL AREA, KARKARDOOMA, DELHI

F.1 (258)/CC-II/DSSSB/2015/2090

Dated:- 14.3.2023

NOTICE

In compliance of the directions contained in Order dated 06.02.2023 of the Ld. Central Administrative Tribunal in O.A. No. 1587/2019 titled as Deepak Kumar Vs DSSSB & Anr., Sh. Deepak Kumar is hereby directed to submit self attested copies of following documents both in soft and hard copy to DSSSB within 15 days of receipt of this Notice so that his dossier can be forwarded to Transport Department, Govt of Delhi, for further necessary action at their end. The soft copy can be sent by mail at helpdesk-dsssb@nic.in and hard copy can be sent by Speed Post or submitted at the Reception Counter of DSSSB:

1. Duly filled application form under post code 21/12 (blank proforma is enclosed)
2. Two self attested passport size photo.
3. Self attested copy of Mark sheet and Certificate of passing Xth Standard
4. Self attested copy of Mark Sheet and Certificate of Diploma in automobile Engg. (3 years course) or a diploma in Mechanical Engineering awarded by the State Board of Technical Education (3 Years course).
5. Self attested copy of any qualification in either of the above disciplines declared equivalent by the Central Govt. /State Govt.
6. Self attested copy of driving license authorizing him to drive motor cycle, Light motor vehicle and heavy goods vehicle and passenger vehicle
7. Self attested copy of working experience of at least five years in reputed automobile workshop which undertakes repair of light motor vehicle, heavy motor vehicle, heavy goods vehicle and heavy passenger vehicle fitted with petrol and diesel engine.
8. Self attested copy of caste certificate with duly filled Annexure-I as per Advertisement for the post code 21/12
9. Self attested copy of admit card of post code 21/12.
10. Self attested copy of Aadhar card.

This issue with the approval of Chairman, DSSSB

Dy. Secretary (CC-II)

To

Sh Deepak Kumar S/o Sh. Bhanwar Singh Sehrawat,
House No.-213, Ishwar Colony, Bawana, Delhi-110039.

Copy to: System Analyst, IT Branch with the request to upload on the website of the Board.

ID NO.

APPLICATION FOR (SECTION D, PART-I)GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DELHI SUBORDINATE SERVICES SELECTION BOARD(To be filled in by the candidate with Ball Point Pen in his/her own handwriting
after carefully reading the instructions as laid down in the advertisement.
Applications which are Incomplete/ unsigned / without Left Thumb Impression
(LTI) will be summarily rejected)PASTE YOUR RECENT,
GOOD QUALITY
PASSPORT SIZE
COLOURED
PHOTOGRAPH HERE

ADVT No

POST CODE:

1. POST NAME

2. CANDIDATE NAME IN HINDI

3. CANDIDATE NAME IN
ENGLISH5. FATHER/HUSBAND'S
NAME IN ENGLISH

6. ADDRESS (Write in capital letters only) FOR COMMUNICATION

PIN CODE

7. DATE OF BIRTH

(a) (In figures)

DAY

MONTH

YEAR

(b) In words

(c) AGE AS ON CLOSING DATE : YEAR MONTH DAYS

10. INDIAN POSTAL ORDER DETAILS

I.P.O. NUMBER	DATE OF ISSUE	NAME OF ISSUING POST OFFICE	AMOUNT (IN RS.)

11. (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 'X' IN THE BOX)

12. DETAILS OF EMPLOYMENT, STARTING FROM THE MOST RECENT

YES

NO

NAME OF ORGANISATION	POST HELD	FROM	TO	TOTAL (YEARS, MONTHS)	SCALE OF PAY	TOTAL MONTHLY EMOLUMENTS	ADHOC/TEMP/ PERMANENT	NATURE OF DUTIES

PLACE

DATE

(SIGNATURE OF THE CANDIDATE)

Name:

SIGNATURE OF CANDIDATE

LEFT THUMB IMPRESSION
OF CANDIDATE4. CATEGORY/COMMUNITY
(TICK MARK 'X' IN BOX)

	DELHI	OUTSIDER
UR		
SC		
ST		
OBC		
VISUALLY HANDICAPPED		
HEARING HANDICAPPED		
ORTHO HANDICAPPED		
EXSM		
GOVT. EMPLOYEE		
DEPTT. EMPLOYEE		
SPORTS PERSON		
WIDOW /DIVORCE		

8. SEX

M

F

9. MARITAL STATUS

M

U

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.
2. (a) WHETHER 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

3. PLACE OF BIRTH

VILL.	DIST.	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

5 (a) MEDIUM OF LANGUAGE IN DESCRIPTIVE TEST (PART-II)

English/Hindi (Strike off whichever is not applicable)

(b) MEDIUM OF SKILL TEST (If Applicable)

English/Hindi (Strike off whichever is not applicable)

6. (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 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 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 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.