

GOVERNMENT OF NCT OF DELHI
DELHI SUBORDINATE SERVICES SELECTION BOARD
FC-18, INSTITUTIONAL AREA, KARKARDOOMA, DELHI-110092

SCRUTINY BRANCH

NOTICE

(FOR CANDIDATES APPLIED AGAINST POST CODE 163/12, SCIENTIFIC ASSISTANT (CHEMISTRY))

No. F.2(MISC)/ DSSSB/SCTY/2012/

Dated:

The Board had issued letters to 32 candidates (list uploaded alongwith application form) who had applied for the Post Code 163/12 (Scientific Assistant (Chemistry)).

In this regard you are hereby called upon to visit DSSSB office at FC-18, Institutional Area, Karkardooma, Delhi-110092 from **15/06/2015** to **19/06/2015** on any working day between 11.00 A.M. to 4.00 PM or you may forward the application filled up by Speed Post./Registered letter to DSSSB so that the same should reach the office by 19.06.2015 along with two identical recent passport size photographs & ID proof which are to be submitted by you along with application form for the post of Scientific Assistant (Chemistry).

This issues with the prior approval of the Competent Authority.


Dy. Secretary (Scrutiny)

**LIST OF CANDIDATES FOR THE POST SCIENTIFIC ASSISTANT
(CHEMISTRY)
POST CODE -163/12**

S.NO.	ID NO	NAME OF THE CANDIDATES
1	2069989	KOPAL GUPTA
2	2109304	PRAKSH CHANDRA
3	2117276	RASHMI SHARMA
4	2124363	KAUSHLENDRA KUMAR CHAUDHARI
5	2124365	SWATI BIHARI CHAURE
6	2136884	SONI KHAMPA
7	2138332	MAYUR BHATIA
8	2144066	NEHA RANI
9	2144657	KAVITA DHAMA
10	2146471	MANISH GUPTA
11	2146475	SAURABH PATHAK
12	2158340	KOMPAL
13	2163610	LOKESH KUMAR
14	2175537	PREETI SINGH
15	2182721	SWETA
16	2187759	JYOTI KUMARIU
17	2074449	AJAY SHARMA
18	2200442	PREETI TRIPATHI
19	2204281	RITU PAUL
20	2206413	RITIKA GUPTA
21	2286498	VINITA BHARDWAJ
22	2377011	VARINDER SINGH
23	2487081	SUJATA DASH
24	2505285	VEDPRAKASH SONI
25	2554277	ANJANA
26	2577074	MUDIKA SONI
27	2599125	NEHA PASSI
28	2604652	APOORVA SONI
29	2633615	RUCHI SHARMA
30	2791987	SUNAINA BHATNAGAR
31	2818747	GUPREET SINGH
32	2873315	ARVIND KUMAR SHARMA

ID NO.

25

APPLICATION FORM (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.)

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 ☒ IN THE BOX)

12. DETAILS OF EMPLOYMENT, STARTING FROM THE MOST RECENT

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

PLACE:

DATE:

PASTE YOUR RECENT,
GOOD QUALITY
PASSPORT SIZE
COLOURED
PHOTOGRAPH HERE

SIGNATURE OF CANDIDATE

LEFT THUMB IMPRESSION
OF CANDIDATE4. CATEGORY/COMMUNITY
(TICK MARK ☒ 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

(SIGNATURE OF THE CANDIDATE)

Name:

M. No.

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)
 ii)
 iii)
 iv)

- v)
 vi)
 vii)
 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.