

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

No. F. 73/Rect./Int. Cell/DSSSB/2016-17/

Dated:

NOTICE

Kind Attention:- Marks statement & Merit list of the Candidates for the post of Assistant Malaria Inspector (Post Code-21/14), Assistant Public Health Inspector/Vaccinator (Post Code-22/14), Vaccinator (Post code-29/14), Assistant Sanitary Inspector (Post Code-93/14) & Supervisor/Grade-II only for female (Post Code-212/14).

The DSSSB conducted one tier examination on 05/03/2017 for the post of Assistant Malaria Inspector (Post Code-21/14), Assistant Public Health Inspector/Vaccinator (Post Code-22/14), Vaccinator (Post Code-29/14), Assistant Sanitary Inspector (Post Code-93/14) & Supervisor/Grade-II only for female (Post Code-212/14). The Marks statements & merit lists of the above post codes have been uploaded on the Board's website. The marks of roll no. 12210847 are not been declared as per the direction of the Hon'ble CAT. The marks of this candidate will be declared after the finalization of the case in the Hon'ble CAT.

Further, the candidates whose roll nos. are under consideration zone as per their merit in corresponding categories are requested to download the check proforma and the checklist already available as annexure 'A' & 'B' and fill the above checklist and upload the same alongwith all the documents of Educational/Professional Certificates/Degree and Mark sheets/Disability Certificate/Caste Certificate/Proof of Govt. Servant/Ex. Servicemen, Admit Cards etc., as applicable.

The last date of uploading the documents has been fixed on **12/05/2017**. The candidate must fulfill all the eligibility criteria as on the cutoff date i.e. **27/02/2014** for Post Codes-21/14, 22/14, 29/14 & 93/14 and **25/01/2015** for Post Code-212/14.

Note: OBC (outsider) candidates have been treated as UR candidates.

Mere asking the candidates for uploading documents in the e-dossier module does not entitle them for selection to the post. It is also clarified that the candidates who fail to upload their documents on or before the date as mentioned above will not be given any further opportunity and their candidature will be treated as cancelled.

Encl. Checklist & Checklist proforma

No. F. 73/Rect./Int. Cell/DSSSB/2016-17/99

Dated: **27/04/2017**

Copy for information to:-

1. PS to Chairman, DSSSB.
2. PS to Member, DSSSB
3. PA to COE, DSSSB
4. PA to Secretary, DSSSB.
5. **System Analyst**, with the request to upload notice on the Board's Website.
6. Notice Board.


Dy. Secretary, DSSSB


Dy. Secretary, DSSSB

List of certificates/documents required for the post of Asstt. Malaria Inspector (Post Code-21/14), Asstt. Public Health Inspector (Post Code-22/14), Vaccinator (Post Code-29/14) & Asstt. Sanitary Inspector (Post Code-93/14)

(Maximum 300 characters) Edit SMS text (Re-send SMS)

S. No.	Certificate required	Certificate Type	Priority
1.	E-Dossier form (Available at WWW.DSSSB.DELHII GOVT.NIC.IN)	Mandatory	1
2.	Diploma Certificate in Sanitary Inspector/Health Inspector	Mandatory	2
3.	Marks sheets of diploma for all relevant years /semesters	Mandatory	3
4.	Documentary proof regarding recognition of above diploma as well as University /Institution in case of private institutes , if applicable.	Optional	4
5.	10 th /High School Pass certificate.	Mandatory	5
6.	10 th /High School Marks Sheet	Mandatory	6
7.	Documentary proof in support of seeking age relaxation, if applicable.	Optional	7
8.	Documentary proof in support of EXSM candidates, if applicable.	Optional	8
9.	Documentary proof in support of PH(OH/VH/HH) category, if applicable	Optional	9
10.	Copy of appointment order etc, as a proof for seeking relaxation in Govt. Servant category, if applicable.	Optional	10

2. List of other certificates/document:

S.No.	Other certificates/documents required	Certificate type
1.	Photo of applicant	Mandatory
2.	Signature of applicant	Mandatory
3.	Aadhar Card of applicant	Mandatory
4.	Thumb Impression of applicant	Mandatory
5.	Document related to Category/Sub Category	Optional

3. Other Miscellaneous Documents.

4. Schedule for e-dossier submission for candidates:

S.No.	From date (dd/mm/yyyy)	To date (dd/mm/yyyy)	Verified	Release Status
1.			Yes	Yes

FORM- I

General Information of Candidate for the Post of Asstt. Malaria Inspector, Post Code-21/14, Asstt. Public Health Inspector, Post Code-22/14, Vaccinator, Post Code-29/14 and Asstt. Sanitary Inspector, Post Code-93/14 and Checklist on uploading the documents.

(To be uploaded by candidate)

S.No.	Post code applied for	Admit Card No.	Roll Number
1.			
2.			
3.			
4.			

Photograph

1. If you are a valid candidate for more than one post out of post code 21/14, 22/14, 29/14, 93/14, please give your order of preference for selection to posts:
- Preference Post code

i)

First Preference

ii)

Second Preference

iii)

Third Preference

iv)

Fourth Preference

Note:- Order of preference given cannot be changed subsequently.

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 relevant documents

In support of date of birth

(Tick √ in the relevant box)

Yes

No

(iii)

Age as on 27.02.2014

:

Signature of candidate

Name

Roll No.

7. Are you seeking age relaxation :

Yes

No

7.1 If yes, then specify the age relaxation category
(Tick √ in the relevant box)

OBC(Delhi)	SC	ST	PH(OH/VH/HH)	EXSM	Govt. Service	Any other

7.2 Whether uploaded copy of relevant certificate as per 7.1:

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: _____

B. In case of PH(OH/VH/HH)

- 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: _____

C. 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 worked/working on any civil post

Yes

No

- vii) In case of yes, specify 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) Whether the Govt. office/organization:
- Central
- State

- iv) If State, Name of the State: _____
- v) If Central, name of the Ministry: _____

Signature of candidate _____

Name _____

Roll No. _____

- 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:

1) Matriculation

- 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

(Tick V in relevant box)

10. Information regarding Diploma Certificate of Sanitary Inspector:

- (i) Date of declaration of final result of Diploma: _____
- (ii) Date of issue of Certificate about qualifying Diploma : _____
- (iii) Name of the University/Institution : _____
- (iv) Whether the Institution is Govt./Private : _____
- (v) In case of Private, attach documentary proof of recognition of the diploma course as well as University/Institution itself : _____
- vii) Whether uploaded copy of Diploma Certificate of Sanitary Inspector/health inspector: ☐ Yes ☐ No

11. Information regarding Diploma Certificate of health inspector:

- (i) Date of declaration of final result of Diploma: _____
- (ii) Date of issue of Certificate about qualifying Diploma : _____
- (iii) Name of the University/Institution : _____
- (iv) Whether the Institution is Govt./Private : _____
- (v) In case of Private, attach documentary proof of recognition of the diploma course as well as University/Institution itself : _____
- viii) Whether uploaded copy of Diploma Certificate of Sanitary Inspector/health inspector: ☐ 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 any documents uploaded by me found to be 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

The candidate should not write below this line
(for use of the DSSSB)

Name of the Candidate	_____	Category	
Roll Number	_____	Shortlisted Category	
Post Code	_____		

The candidate has been found eligible has been found/not eligible on the basis of the document

Eligible / ineligible

Reason for ineligibility	_____
Remarks if any	_____

Certified that candidature has been found to have fulfilled/not fulfilled the eligibility criteria on the basis of document provided by the candidate.

Check by

Name & Signature of Dealing Hand

Remarks of Supdt., if any.

Name & Signature of Supdt.

Remarks of Dy Secretary, if any.

Name & Signature of Dy Secretary

colour scheme
Dealing Hand: Red Ink
Supdt: Green Ink
Dy Secretary: Blue Ink

The candidate should not write below this line
(for use of the DSSSB)

Name of the Candidate	_____	Category	<table border="1"><tr><td> </td></tr><tr><td> </td></tr></table>		
Roll Number	_____	Shortlisted Category			
Post Code	_____				

The candidate has been found eligible has been found/not eligible on the basis of the document

Eligible / ineligible

Reason for ineligibility _____

Remarks if any _____

Certified that candidature has been found to have fulfilled/not fulfilled the eligibility criteria on the basis of document provided by the candidate.

Check by

Name & Signature of Dealing Hand

Remarks of Supdt., if any.

Name & Signature of Supdt.

Remarks of Dy Secretary, if any.

Name & Signature of Dy Secretary

colour scheme
Dealing Hand: Red Ink
Supdt: Green Ink
Dy Secretary: Blue Ink

**List of certificates/documents required for the post of
Supervisor, Grade-II(Female), post code : 212/14**

(Maximum 300 characters) Edit SMS text (Re-send SMS)

S. No.	Certificate required	Certificate Type	Priority
1.	E-Dossier form (Available at WWW.DSSSB.DELHII GOVT.NIC.IN)	Mandatory	1
2.	Graduation degree from any recognized University in Home Science/ Child Development/ Nutrition / Social Work.	Optional	2
3.	Marks sheets of above Degree programme for of all the 03 years.	Optional	3
4.	Documentary proof regarding recognition of above Degree as well as University /Institution in case of private institutions , if applicable.	Optional	4
5.	Documentary proof of minimum 10 years experience as Anganwadi Worker.	Optional	5
6.	Documentary proof of one year practical experience in the field of social work in any Govt Department or recognized organization in regular paid capacity	Optional	6
7.	10 th /High School Pass certificate.	Mandatory	7
8.	10 th /High School Marks Sheet	Mandatory	8
9.	Documentary proof in support of seeking age relaxation, if applicable.	Optional	9
10.	Documentary proof in support of EXSM candidates, if applicable.	Optional	10
11.	Documentary proof in support of PH(OH/VH/HH) category, if applicable	Optional	11
12.	Copy of appointment order etc, as a proof for seeking relaxation in Govt. Servant category, if applicable.	Optional	12

2. List of other certificates/document:

S.No.	Other certificates/documents required	Certificate type
1.	Photo of applicant	Mandatory
2.	Signature of applicant	Mandatory
3.	Aadhar Card of applicant	Mandatory
4.	Thumb Impression of applicant	Mandatory
5.	Document related to Category/Sub Category	Optional

3. Other Miscellaneous Documents.

4. Schedule for e-dossier submission for candidates:

S.No.	From date (dd/mm/yyyy)	To date (dd/mm/yyyy)	Verified	Release Status
1.			Yes	Yes

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)**

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

Photograph

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 $\sqrt{\quad}$ in the relevant box)

Yes

No

(iii) Age as on 27.02.2014 : _____

7.1 Are you seeking age relaxation :

Yes

No

7.2 If yes, then specify the reservation category

(Tick $\sqrt{\quad}$ 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) State 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, specify 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) Whether the Govt. office/organization: _____

Central

State

iv) If State, Name of the State: _____

v) If Central, name of the Ministry: _____

vi) Whether the office/organisation 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

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Roll Number	_____	Shortlisted Category			
Post Code	_____				

The candidate has been found eligible has been found/not eligible on the basis of the document

Eligible / ineligible

Reason for ineligibility _____

Remarks if any _____

Certified that candidature has been found to have fulfilled/not fulfilled the eligibility criteria on the basis of document provided by the candidate.

Check by

Name & Signature of Dealing Hand

Remarks of Supdt., if any.

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colour scheme
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