

## e-dossier Form

DOCUMENTS FOR THE POST OF SUB OFFICER HAVING POST CODE 69/14

<b>Post Code</b>	<b>Roll. No</b>

1.

2. Name of the candidate

3. Father's Name

Husband's Name

4. (in case of married female candidate)

5.1 Permanent Address

5.2 Correspondence Address

6.1 Date of Birth

6.2 Age as on 27.02.2014

\_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Days

7.1 Are you seeking age relaxation

If yes, then specify the ground,

7.2 (Tick the relevant box)

Yes	No					
OBC (Delhi)	SC	ST	PH(OH/VH)	EXSM	Govt. Service	

Paste your  
Passport Size  
Photograph

Space of Left Thumb  
Impression

8. Details of Category and Subcategory

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

**B. 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) % of Disability indicated by issuing authority

\_\_\_\_\_

**8.C. In case of EXSM**

- i) Date of joining of Defence service

\_\_\_\_\_

- ii) Date of discharge/retirement from

Defence service

\_\_\_\_\_

- iii) Total strength of service rendered in

Defence

\_\_\_\_\_

- iv) Name of the 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
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- vii) In case of yes, Specify details

\_\_\_\_\_

**8.D In case of Government Servant**

- i) Name of the current Government

Office/Organisation where employed

\_\_\_\_\_

- ii) Address of current Government

Office/Organisation where employed

\_\_\_\_\_

- iii) Whether the Government Office/

Organization

Central	State
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- iv) If State, Name of the State

\_\_\_\_\_

v) If Central, Name of the Ministry

\_\_\_\_\_

vi) Whether the Office/Organisation is

Autonomous body

Yes	No
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vii) Date of substantive appointment on

Regular basis (Attach copy of appointment  
Order)

\_\_\_\_\_

viii) Designation of the current post

\_\_\_\_\_

**9.A Essential Qualification (on or before cut off date)**

S. No.	Exam/Course	Year of Passing	Marks obtained	% of marks	Board/University
1	Matriculation				
2	Degree from Recognized University or equivalent				
3	Sub Officer Course of NFSC Nagpur or Grade-I Fire or equivalent				

**9.B Desirable**

i) Have you Heavy Vehicle Driving License

Yes	No
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ii) In case of yes,

a) Date of issue Driving License

\_\_\_\_\_

b) Validity of License.

\_\_\_\_\_

c) Issuing Authority

\_\_\_\_\_

**9.C Experience**

i) Have you experience of 01 year in fire fighting in reputed fire service

Yes	No
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ii) In case of yes, provide the details of experience from \_\_\_\_\_ to \_\_\_\_\_

**Declaration**

1. That the information provided above are true to the best of my knowledge and belief.
2. That I fulfill all the eligibility conditions as prescribed in the advertisement for which I am claiming my candidature.
3. That I also understand that in case any information is found to be wrong/misleading, incorrect or not in coherence with the prescribed requirement or after cut off date then my candidature is liable to be rejected, besides warranting legal 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** 69/14

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