

## BASIC DETAILS

**NOTE: Candidates must be cautious while filling up Registration details. Your candidature may get cancelled in case incorrect/ wrong information is furnished.**

1. Do you have Aadhaar ? \*  Yes  No

1a. Aadhaar Number   
Aadhaar Number should be same as mentioned in Aadhaar Card

1b. Verify Aadhaar Number

1c. Type of ID \*    
Type of ID and ID Number to be provided if you don't want to give Aadhaar number

1d. ID Number \*

2a. Name \*   
1. Name should be same as mentioned in Matriculation Certificate  
2. Please enter name without any salutation (i e Shri/ Smt/ Mr/ Mrs/ Ms/ Dr/ Prof)

2b. Verify Name \*

2c. Have you ever changed Name?  Yes  No

2d. New Name / Changed Name

3a. Father's Name \*   
1.Father's Name should be same as mentioned in Matriculation Certificate  
2.Please enter name without any salutation (i e Mr/ Shri/ Late/ Dr/ Prof etc)

3b. Verify Father's Name \*

4a. Mother's Name \*   
1.Mother's Name should be same as mentioned in Matriculation Certificate  
2.Please enter name without any salutation (i e Mrs/ Smt/ Late/ Dr/ Prof etc)

4b. Verify Mother's Name \*

5a. Date Of Birth (DD/MM/YYYY) \*   
Date Of Birth should be same as mentioned in Matriculation Certificate

5b. Verify Date of Birth (DD/MM/YYYY) \*

6. Matriculation (10<sup>th</sup> Class) Examination details :

(i). Education Board \*    
Education Board of Matriculation Examination

(ii). Verify Education Board \*

(iii). Roll Number \*   
1. Roll Number should be same as mentioned in Matriculation Certificate  
2. Only / and - are allowed , Please enter Roll number without any other special character(s)  
3. If Roll Code is given in your Matriculation Certificate then enter "Roll Code - Roll No."

**Annexure-IIIA (2/4)**

(iv). Verify Roll Number *	<input type="text" value="301739"/>
(v). Year of Passing *	<input type="text" value="2013"/>
(vi). Verify Year of Passing *	<input type="text" value="2013"/>
7a. Gender *	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
7b. Verify Gender *	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
8. Level of Educational Qualification *	<input type="text" value="Graduation"/>
9a. Mobile Number *	<input type="text" value="8111111111"/>
9b. Verify Mobile Number *	<input type="text" value="8111111111"/>
10a. Email ID *	<input type="text" value="sample123@gmail.com"/>
10b. Verify Email ID *	<input type="text" value="sample123@gmail.com"/>
• State / UT of Permanent Address *	<input type="text" value="Delhi"/>

## ADDITIONAL AND CONTACT DETAILS

Edit

11a. Category \*  General  EWS  OBC  ST  SC

11b. Verify Category \*  General  EWS  OBC  ST  SC

12. Nationality \*

13. Identification Marks \*

14a. Are you a Person with Benchmark Disability (PwBD)? \*  Yes  No

14b. Type of Disability

**NOTE**  
**VH:** Blindness and low vision.  
**HH:** Deaf and hard of hearing.  
**OH:** Locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy.  
**Others:** Autism, intellectual disability, specific learning disability and mental illness, multiple disabilities from amongst persons under the above mentioned clauses including deaf-blindness.

14c. Disability Certificate Number

15a. Permanent Address \*

15b. State/ UT \*

15c. District \*

15d. PIN Code \*

16. Is Present Address same as Permanent Address?  Yes  No

17a. Present Address \*

17b. State/ UT \*

17c. District \*

17d. PIN Code \*

18. Contact details for other nationals

**DECLARATION**

Declaration : I hereby declare that the information given by me in this form is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage,my candidature/appointment is liable to be cancelled/terminated.

I Agree.

Previous

Take Draft Print

Final Submit

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## MULTI TASKING (NON-TECHNICAL) STAFF, AND HAVALDAR (CBIC &amp; CBN) EXAMINATION, 2022

## Instructions

PLEASE BE VERY CAREFUL WHILE FILLING THE APPLICATION FORM

1. Candidate's Name: (As per the Matriculation Certificate)	SAMPLE NAME		
2. New / Changed Name:			
3. Father's Name:	SAMPLE FATHER NAME		
4. Mother's Name:	SAMPLE MOTHER NAME		
5. Date of Birth (DD/MM/YYYY) (As per the Matriculation Certificate):	02/07/1998		
6. Age as on 01/01/2023:	24.5		
7. Gender:	Male		
8. Category:	UR		
9. Whether Person with Disability (PwBD)? :	No		
9.1. If Yes, Type of Disability:			
10. Nationality:	Citizen of India		
11. Mark of Visible Identification:	MOLE ON RIGHT CHEEK		
12. Matriculation (10 <sup>th</sup> Class) Examination Board:	Central Board of Secondary Education (CBSE)		
13. Matriculation (10 <sup>th</sup> Class) Roll No.:	301739		
14. Matriculation (10 <sup>th</sup> Class) Year of Passing:	2013		
15. Preference of Examination Centres: *	Center 1	Center 2	Center 3
16. Medium for Computer Based Examination (CBE): *	--Select--		
<b>Verify Medium for Computer Based Examination (CBE):</b>	--Select--		
17.1. Whether you are an Ex-Servicemen (ESM) or serving in the Armed Forces? : *	<input type="radio"/> Yes <input type="radio"/> No		
17.2. Date of Joining the Armed Forces (DD/MM/YYYY):			
17.3. Date of Discharge/ Likely Date of Discharge from the Armed Forces (DD/MM/YYYY):			
17.4. Length of service in the Armed Forces:			

17.5. Have you already joined a civil post by availing benefit of reservation for Ex-Serviceman (ESM):  Yes  No

Please refer to the Notice of Examination, Para-6.4

17.6. Date of Joining to Civil Post (DD/MM/YYYY):

18.1. Are you a person with benchmark disabilities (40% or more) in the following categories:  Yes  No

- (i) Blindness (VH) and/or
- (ii) Both Arms Affected (BA) and/or
- (iii) Cerebral Palsy (CP)?

Please refer para 8.1 of the Notice

18.2. Do you have a physical limitation to write as per para 8.2 and 8.3 of the Notice?:  Yes  No

18.3. Whether scribe is required?:  Yes  No

Please see Para - 8 of the Notice

18.4. Will you make your own arrangement of Scribe?:  Yes  No

18.5. If Scribe is to be arranged by SSC, then indicate medium:

19.1. Whether seeking Age Relaxation?:\*  Yes  No

19.2. If Yes, Age Relaxation code:

Please see Para - 6.2 of the Notice

State(s) / U.T.(s)/ CCA(s)					
Codes	State(s) / U.T.(s)/ CCA(s)	Codes	State(s) / U.T.(s)/ CCA(s)	Codes	State(s) / U.T.(s)/ CCA(s)
11	Chandigarh : Havalдар-CGST	32	Odisha : MTS	53	Dadra and Nagar Haveli and Daman and Diu : MTS
12	Chandigarh : MTS	33	Sikkim : MTS	54	Goa : MTS
13	Haryana : MTS	34	West Bengal : MTS	55	Gujarat : MTS
14	Himachal Pradesh : MTS	35	Guwahati : Havalдар-CGST	56	Maharashtra : MTS
15	Jammu and Kashmir : MTS	36	Arunachal Pradesh : MTS	57	Chennai : Havalдар-CGST
16	Ladakh : MTS	37	Assam : MTS	58	Hyderabad : Havalдар-CGST
17	Punjab : MTS	38	Manipur : MTS	59	Chennai : Havalдар-Customs
18	Delhi : Havalдар-CGST	39	Meghalaya : MTS	60	Visakhapatnam : Havalдар-Customs
19	Jaipur : Havalдар-CGST	40	Mizoram : MTS	61	Andhra Pradesh : MTS
20	Delhi : MTS	41	Nagaland : MTS		

20. Preference of State(s)/ UT(s)/ CCA(s): \*


Reset

Filling of all preferences is mandatory. However, if you want to give limited preferences then enter 'X' in remaining boxes.

21. Highest Educational Qualification: \*

22. Details of Qualifying Educational Qualification: \*

Status	Passing Year	State/ UT of Board/ University	Name of Board/ University	Roll No	Percentage	CGPA
<input type="text" value="--Select Statu:"/>	<input type="text" value="--Select Year-"/>	<input type="text" value="--Select State--"/>	<input type="text" value="--Select a Board/ Univers"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

23. Do you want to make your personal information available for accessing job opportunities in terms of DoP&T's OM.No.39020/1/2016-Estt (P) dated 21/06/2016? \*  Yes  No

[Please see Para - 23 of the Notice](#)

24. Correspondence Address:

State:

District:

Pin:

25. Permanent Address:

State:

Pin:

Mobile Number:

Email:

26. Contact Details for Other Nationals:

### Photograph And Signature

Upload a photograph without Spectacles/Cap taken on or after 18-Oct-2022 \*  
 Allowed File Size: 20 KB to 50 KB  
 Format: JPEG/ JPG  
 Image Size: About 3.5 cm (width) x 4.5 cm (height)  
 No file chosen

Upload Signature \*  
 Allowed File Size: 10 KB to 20 KB  
 Format: JPEG/ JPG  
 Image Size: About 4.0 cm (width) x 2.0 cm (height)  
 No file chosen

27. Whether the photograph has been taken on or after 18-Oct-2022? :  Yes  No

### Declaration

1. I have read the Notice of Examination and accept all the Terms & Conditions mentioned therein.

2. I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/ false or incorrect at any stage or ineligibility being detected before or after the Examination, my candidature/ appointment is liable to be cancelled. I am willing to serve anywhere in India.

3. I declare that the photograph uploaded in the Application Form has been taken on or after the stipulated dated.

4. I agree to authorize SSC to use my Aadhaar data for verification purpose. \*

\*Verification will be subject to authorization from competent authority.

I Agree



Try Another