Sikkim Public Service Commission

GANGTOK – 737101, SIKKIM

FOR THE POST OF

(WRITE IN CAPITAL LETTERS ONLY)

ROLL NO. :			

Name of the Applicant as in the Certificate of Class – X Board Examination. 1.

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2.	Fa	ather's	s Na	me																			
3.	lf	Marri	ed; I	Husba	nd's	Name	e		•						•				•				
4.	G	ender		Male	Fei	male		5. D	ate o	f Birt	h & A	vge :	Da	ite	Mo	nth		Y	'ear			Age	
6. M	obile	e No:					Т																
7. Ac	ldres	s for C	omr	nunic	ation	(do r	not re	epea	t nan	ne)													
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8. E-I	MAIL	ID :												9.	RELIC	ION							
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11. Whether employed: (✓ Tick) Yes No																							
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	(b)	lf ei	mploy	ed, n	ame	of th	e De	partr	nent	:												



Affix your recent
passport size
photograph.

FORM 'A'

12. Details of Certificates in possession:

S1. No.	Particulars of Certificates submitted	Certificate Sl. No.	Issuing Authority
1	Class X Mark sheet		
2	Class X Pass Certificate		
3	Class XII Mark Sheet		
4	Class XII Pass Certificate		
5	Diploma/Graduation Mark Sheet (as per minimum educational qualification for the relevant post.)		
6	Diploma/Graduation Certificate (as per minimum educational qualification for the relevant post.)		
7	Sikkim Subject/Certificate of Identification		
8	Category Certificate.		
9	Employment Card (valid)		
10	Unmarried Certificate in case of female candidate (valid)		
11	Incase of married female candidates Husband's C.O.I.		
12	If employed in Regular, Adhoc, Work Charged establishment, an NOC from the administration department.		

DECLARATION

I being in sound mind, hereby declare that all the information given above by me is true and correct.

If false and fabricated documents, which have been tampered with or material/information is suppressed knowingly, comes to the notice of the Sikkim Public Service Commission at any stage of examination, I will be liable to be disqualified and debarred permanently or for specific period of time for admission to examination to be held by the Sikkim Public Service Commission in the future.

Date:

Signature of the Applicant

Full Name: