

Application for English / Hindi * Typewriting Test to be held in the month of
.....200 at Centre

(To be filled in candidate's own handwriting)

An extra copy of the passport size photograph should be enclosed.



1. Name in full (in Block Letters)
State whether Kumari or Smt.

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2. Date of Birth (in Christian era)

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 (dd/mm/yyyy)
3. Father's/ Husband's name and address

4. Name of the Ministry / Office where
employed and the station where it is
located.

5. (a) Name of the post held : (Tick (✓) the relevant box.)

LDC from Group 'D' employees
Seniority quota

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LDC from Group 'D' employees
Examination, 200

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LDC on compassionate grounds

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LDC (DR)

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UDC

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Assistant (DR)

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(b) Date from which the post is held

6. At which of the following places do you wish to appear for the test:

Hyderabad / Chennai *

7. Medium opted for the Typewriting test:

English / Hindi *

(* Strike out whichever is not applicable)

8. Details of the Staff Selection Commission Typewriting Test at which you appeared last time.

Sl. No.	Date of test	Roll no.	Place where the test was taken	Result (Give the speed, if qualified.)

I hereby declare that the statements made in this application are true to the best of my knowledge and belief.

Place:Signature

Date:Name
(in Block letters)

DEPARTMENTAL ENDORSEMENT

No.....Placedated

Certified that the particulars given above are correct.

Shri / Smt. / Kumari is a temporary /provisionally confirmed /quasi-permanent LDC(DR) /LDC from Group ‘D’ employees Exam. LDC from Group ‘D’ employees (seniority quota) /LDC on compassionate grounds /UDC /Assistant (DR) in the Office of /Ministry of which is participating /Not participating in the Central Secretariat Clerical Service and is eligible to take admission to the test is recommended.

Signature :

Name :

Designation :

Ministry /Office :

Place :.....Stamp/Genl.

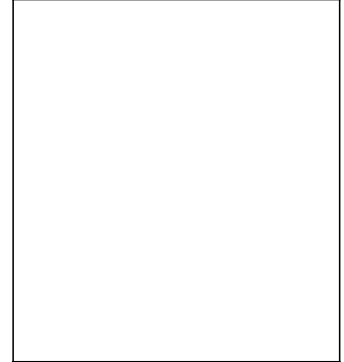
This endorsement should be signed by an Officer not below the rank of Under Secretary or equivalent.

Proficiency Test for Grant of Advance Increments to the Stenographers (Ordinary Grade) of Subordinate Offices

Application form for the Proficiency test to be held in the month of April/October.....

(To be filled in candidate's own handwriting)

An extra copy of the passport size photograph should be enclosed



1. Name of the Candidate
(in block letters) :
2. Exact Date of Birth
(in Christian era) :
3. Father's/ Husband's Name :
4. At which of the following places
do you wish to take the examination : Chennai
5. Name and address of the Ministry
/Office where employed :
6. State the medium (whether English
or Hindi) in which you wish to take
the shorthand test :
7. Indicate the speed at which you
wish to take the test :

Date :

Signature of the candidate

DEPARTMENTAL ENDORSEMENT

No.....Date.....

- (i) Certified that Shri/Smt/Kum.....is a regularly
Employed Stenographers (Ordinary Grade) in the
.....
(Name of the Subordinate office)under the Ministry/Department of
.....and is eligible to take the proficiency test
for grant of advance increments.
- (ii) Also certified that the number of chances already availed of by the applicant have been
checked and that Shri/Smt/Kum.....has
not already availed of three chances at the tests conducted by the Staff Selection
Commission.

Signature:

Name:

Designation:

Ministry/Office:

Stamp/Seal

Place:

The endorsement should be signed by the Head of Office, where the candidate is serving.