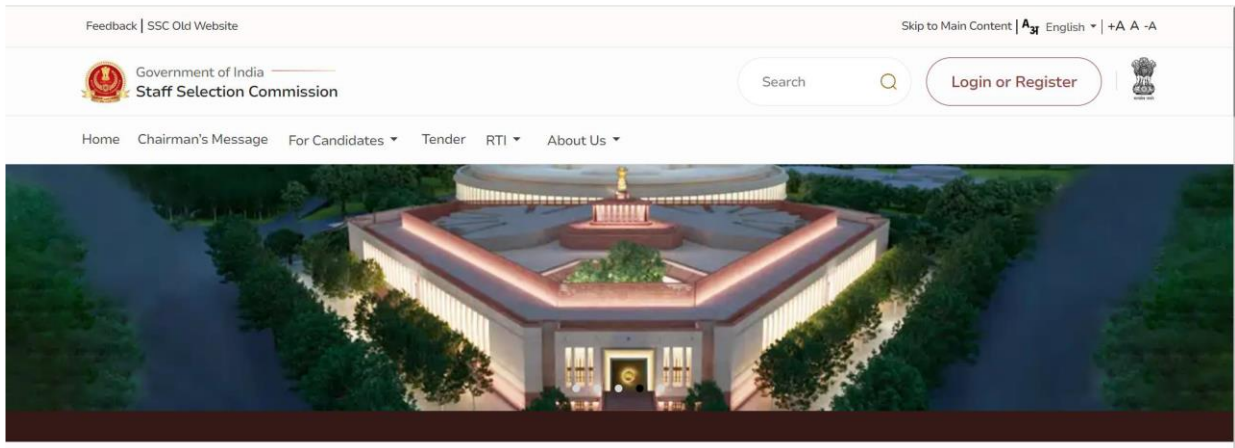


ANNEXURE IV-A

ONE TIME REGISTRATION SPECIMEN – Phase XII/2024/Selection Posts



Candidate **Admin**

Username (Registration Number) *

Password (SSC Registration Password) *

 [Forgot Password](#)

B8gBq [Refresh](#)

Captcha *

Login

New User? **Register Now**



New Candidate

One Time Registration



Personal Details
Candidate's Name,
Identification, Contact



Password Creation
Create New Password



Additional Details
Candidate's Nationality,
Address, Education



Declaration
Candidate's Details,
Confirmation

Note

Candidates must be very cautious while filling up One Time Registration (OTR) details. Your candidature may get cancelled in case incorrect or wrong information is furnished.

Continue

[← Homepage](#) > [One Time Registration](#)**Personal Details**Candidate's name,
identification, contact**Password Creation**

Create New Password

**Additional Details**Candidate's nationality,
address, education**Declaration**Candidate's details
confirmation**One Time Registration****Personal Details****1. Do you have a Aadhaar Card ? *** Yes No**a. Aadhaar Card Number**

e.g. 526262627262

Aadhaar Number should be same as mentioned in Aadhaar Card.

b. Verify Aadhaar Card Number

eg. 526262627262

2. Type of Identification Card *

Select

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

a. Identification Card Number ***3. Candidate Name (As per Matriculation Certificate) ***

1. Candidate 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).

a. Verify Candidate Name (As per Matriculation Certificate) ***4. Have you ever changed Name ? *** Yes No**a. New Name / Changed Name****b. Verify New Name/Changed Name****5. Gender ***

Select

a. Verify Gender *

Select

6. Date Of Birth (DD-MM-YYYY) *

dd-mm-yyyy

Date of Birth should be same as mentioned in Matriculation Certificate.

a. Verify Date of Birth (DD-MM-YYYY) *

dd-mm-yyyy

7. 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).

a. Verify Father's Name ***8. 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).

a. Verify Mother's Name ***9. Matriculation (10th class) Education Board ***

Select

Education Board of Matriculation Examination.

a. Verify Matriculation (10th class) Education Board *

Select

10. 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."

a. Verify Roll Number *

Feedback | SSC Old Website

Government of India
Staff Selection Commission

Search Login or Register 

← Homepage > One Time Registration

Your Registration Number
10000000931

Note

1. Basic details are saved. Registration is partial and it should be completed within 14 days failing which your data would be automatically deleted.
2. Registration number and One Time Password is shared on your mobile number and email id. Use it to sign in to your account.
3. To complete registration process, click "continue" to set a new password.

[Continue](#)

Personal Details
Candidate's name, identification, contact


Password Creation
Create New Password

Additional Details
Candidate's nationality, address, education

Declaration
Candidate's details confirmation

Feedback | SSC Old Website

Government of India
Staff Selection Commission


Search Login or Register 

← Homepage > Sign-in

Hello Candidate !

Registration Number *

Registration number is required

Password *
 
Password is required

[Sign in](#)

Personal Details
Candidate's name, identification, contact

Password Creation
Create New Password

Additional Details
Candidate's nationality, address, education

Declaration
Candidate's details confirmation



Personal Details
Candidate's name,
identification, contact

Password Creation
Create New Password

Additional Details
Candidate's nationality,
address, education

Declaration
Candidate's details
confirmation

Dear Candidate, This is Your First Login !
Please Set a New Password

Registration Number *

10000000010

Old Password *

New Password *

Note

- Password must be minimum 8 characters
- Include one or more uppercase letters
- Include one or more lowercase letters
- Include one or more number
- Include one or more special character

Confirm Password *

Security Questions

Note

- Security Questions allow you to regain entry to your account if you have forgotten your password and no longer have access to the email or Mobile number associated with your account.

Security Question: 1 *

Select

Answer *

Security Question: 2 *

Select

Answer *

Reset

Save & Next

Useful links

Contact Us



← Homepage > Sign-in



Personal Details

Candidate's name, identification, contact



Password Creation

Create New Password



Additional Details

Candidate's nationality, address, education



Declaration

Candidate's details confirmation

Hello Candidate !

Registration Number *

Registration number is required

Password *

Password is required

Rau54

Refresh

Captcha

Login



← Homepage > One Time Registration

- Personal Details**
Candidate's name, identification, contact
- Password Creation**
Create New Password
- Additional Details**
Candidate's nationality, address, education
- Declaration**
Candidate's details confirmation

One Time Registration
Additional Details

1. **Category ***
Select

a. **Verify Category ***
Select

2. **Nationality ***
Citizen Of India

3. **Contact Details For Other Nationals**

4. **Visible Identification Marks ***

5. **Are you Person With Benchmark Disability (PwBD)? ***
 Yes No

a. **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, & muscular dystrophy
Others : Autism, intellectual disability, specific learning disability & mental illness, multiple disabilities from amongst persons under the above mentioned clauses including deaf-blindness.

b. **Disability Certificate Number**

6. **Permanent Address ***

a. **Address ***

b. **State/UI ***
Select

c. **District ***
Select

d. **Pin Code ***

7. **Is Present Address same as Permanent Address? ***
 Yes No

a. **Address ***

b. **State/UI ***
Select

c. **District ***
Select

d. **Pin Code ***

Save & Next



← Homepage > One Time Registration

Personal Details
Candidate's name,
identification, contact

Password Creation
Create New Password

Additional Details
Candidate's nationality,
address, education

Declaration
Candidate's details
confirmation

One Time Registration Declaration

1. 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.
2. 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 for the above Terms & Conditions

[Preview OTR](#)

[Declare](#)



**Staff Selection
Commission**

[Public Disclosure of Scores and Other Details of Non-Recommended Willing Candidates](#)

Useful links

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- [Web Information Manager](#)

Contact Us

[Block No-12, CGO Complex,
Lodhi Road New Delhi](#)

Annexure-V-A

APPLICATION FORMAT SPECIMEN- Phase XII/2024/Selection Posts

← Candidate Dashboard > Personal Details

Personal Details

Note :
Information in columns at S No-1 to 18 will be filled automatically from your One-time Registration Data which is non-editable. However, if you want to modify any of the One-time Registration details, click on 'Edit Registration Details' button provided at the righthand top corner of 'Candidate Dashboard' and make suitable corrections before proceeding further.

1. Candidate's Name: (As per the Matriculation Certificate)

SACHIN KUMAR

2. New / Changed Name:

3. Father's Name:

SANJAY KUMAR

4. Mother's Name:

SHALINI

5. Date of Birth (DD/MM/YYYY) (As per the Matriculation Certificate):

01/01/1996

6. Age as on 01/01/2024:

28 YEARS 0 MONTH 1 DAY

7. Gender:

*** **

7. Gender:

8. Category:

9. Whether a Person with Benchmark Disability (PwBD)?:

Yes No

10. Nationality:

11. Visible Mark of Identification:

12. Matriculation (10th Class) Examination Board:

13. Matriculation (10th Class) Year of Passing:

14. Matriculation (10th Class) Roll No.:

15.1. Permanent Address:

15.2. State:

15.3. District:

15.4. Pin Code:

16.1. Correspondence Address:

16.2. State:

16.3. District:

16.4. Pin Code:

17. Email:

18. Mobile Number:

Next

Ex-Servicemen Status

19.1. Whether you are an Ex-Serviceman (ESM) or serving in the Armed Forces?: *

Yes No

19.2. Date of Joining the Armed Forces (DD/MM/YYYY):*

dd-mm-yyyy



19.3. Date of Discharge / Likely Date of Discharge from the Armed Forces (DD/MM/YYYY):*

dd-mm-yyyy



19.4. Length of Service in the Armed Forces:

0

19.5. Have you already joined a civil post by availing the benefit of reservation for Ex-Servicemen (ESM):*

Yes No

19.6. Date of Joining the Civil Post (DD/MM/YYYY):*

dd-mm-yyyy



Go Back

Save & Next

Post Related Details

20. Region to which the Post belongs: *

21. Post Code: *

22. Post Name: *

23. Level of Post: *

24. Candidate's Qualification *

- Highest Educational Qualification: *

- Indicate details of any other educational qualification relevant to the post, if acquired by you:

25. Essential Qualification for the Post: *

I have read the above post related requirements (EQ / Experience,etc). Any incomplete or false information provided by me will result in the cancellation of my candidature.*

25.1. Do you possess required Essential Qualification for the Post?: *

Yes No

25.2. Do you possess required Experience for the Post?: *

Yes No Not Applicable

25.3. Details of Experience:

Note: The candidate will be required to submit experience certificate(s) as filled below. No other experience certificate will be entertained at the time of scrutiny of applications / document verification.

Organisation *	Designation *	Nature of Duty(ies) *	Period of Service From *	Period of Service To *
----------------	---------------	-----------------------	--------------------------	------------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	dd-mm-yyyy <input type="text"/>	dd-mm-yyyy <input type="text"/>	<input style="border: none; border-radius: 50%; padding: 2px 5px;" type="text" value="+"/>
----------------------	----------------------	----------------------	---------------------------------	---------------------------------	--------------------------------------------------------------------------------------------

26. Preference of Examination Centres: *

Note :

- 1. Once you have selected the centers in your initial application, they will remain the same for all subsequent applications submitted under this notice.
- 2. If you have already applied for any of the posts in this examination, the center list will be auto populated with the centers chosen at that time.

Preference 1

Preference 2

Preference 3

27.1. Are you a person with benchmark disabilities (40% or more) in the category of Blindness (VH)?:

- Yes No

27.2. Are you a person with benchmark disabilities (40% or more) in the category of OH- Both Arms Affected (OH-BA) or OH- Cerebral Palsy (OH-CP)?:

- Yes No

27.3. Do you have a Physical limitation to write as per Para 9.2 or 9.3 of the Notice (Certificate to this effect from competent authority as per format at Annexure-IA/Annexure-IIA &Annexure-IB to the Notice of Examination,would be required at the time of Examination.):?

- Yes No

27.3. Do you have a Physical limitation to write as per Para 9.2 or 9.3 of the Notice (Certificate to this effect from competent authority as per format at Annexure-IA/Annexure-IIA &Annexure-IB to the Notice of Examination,would be required at the time of Examination.):?

- Yes No

27.4. Whether Scribe is required?: *

- Yes No

27.5. Will you make your own arrangement of Scribe?: *

- Yes No

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

28. Whether seeking Age Relaxation?: *

- Yes No

28.1. If Yes, Age Relaxation Code: *

29. Medium of Skill Test: *

29.1. Confirm Medium of Skill Test: *

Go Back


Save & Next

Upload Documents

1. Capture your Photograph

Instructions:

- Find a place with good light and plain background.
- Ensure the camera is at eye level before capturing the photo.
- Position yourself directly in front of the webcam and look straight ahead.
- Candidates shouldn't wear a cap, mask, hijab or glasses while taking a live photo.

 Capture Live Photo

Or

Scan QR Code


to download the app from the Play Store, if you are unable to capture live photos with your device



2. Upload Your Signature *

Instructions:

- Allowed image size 10KB to 20KB in JPEG/JPG format.
- Image dimensions: about 4.0cm (width) X 2.0 cm (height).
- Application with blurred signature will be rejected.
- Signature must be horizontally aligned.

 Upload Signature

Go Back

Save & Next