

CCC / CCC[±] EXAMINATION REGISTRATION FORM
FOR DIRECT EXAM FOR EMPLOYEES OF STATE GOVERNMENT

NOTE: ALL INFORMATION SHOULD BE FILL IN ENGLISH CAPITAL LETTERS ONLY

1	NAME OF SECRETARIAT	:		Passport Size Photograph
2	NAME OF DEPARTMENT	:		
3	NAME OF INSTITUTE / OFFICE	:		
4	OFFICE ADDRESS	:	PHONE NUMBER	
5	NAME AND DESIGNATION OF HEAD OF INSTITUTE / OFFICE CONTACT NUMBERS AND E-MAIL ADDRESS	:	(M) (O)	
6	NAME OF EMPLOYEE (STARTING WITH SURNAME)	:		
7	DESIGNATION	:		
8	GPF ACCOUNT NO	:		
9	DATE OF BIRTH	:		
10	AGE	:		
11	DATE OF JOINING	:		
	11.1 IN GOVT . SERVICE	:		
	11.2 DEPARTMENT	:		
12	DATE OF RETIREMENT	:		
13	PERMANENT RESIDENTIAL ADDRESS	:	PHONE NUMBER	
14	SEX	:	0- MALE / 1 - FEMALE	
15	MARITAL STATUS	:	0 - UNMARRIDE / 1 - MARRIED 2 - DIVORCED / 3 - WIDOW	
16	CAST	:	0 – GENERAL / 1- SC / 2-ST/ 3- OBC	
17	WHETHER PHYSICALLY HANDICAPPES ?	:	YES / NO	
18	WHETHER EX- SERVICEMAN	:	YES / NO	
19	WHETHER LIKELY TO BE PRAMOTED / HIGHER SCALE WITH IN MONTHES	:	3 / 6 / 9 / 12 NOT APPLICABLE	

SIGNATURE OF EMPLOYEE

SIGNATURE OF HEAD OF EXAM CENTRE

SIGNATURE OF HEAD OF EMPLOYEE'S OFFICE

..... ✂ CUT FROM HERE.....

ADMIT CARD

NAME OF EXAM CENTRE	:	
DATE OF EXAMINATION	:	
NAME OF EMPLOYEE	:	
SEAT NUMBER	:	
TRIAL NUMBER	:	1 (One) / 2 (Two) / 3 (Three)

Passport Size Photograph

SIGNATURE OF HEAD OF EXAM CENTRE

SIGNATURE OF HEAD OF EMPLOYEE'S OFFICE