

**CCC/CCC+ EXAMINATION REGISTRATION FORM**  
**FOR THE EXAMINATION OF STATE GOVERNMENT EMPLOYEES**

Affix recent  
passport size  
photograph  
attested by head  
of office with  
official seal

**NOTE: ALL INFORMATION SHOULD BE FILL IN ENGLISH CAPTIAL LETTER ONLY**

1	FULL NAME OF THE CANDIDATE (STARTING WITH SURNAME)	[SURNAME]	[FIRST NAME]	[MIDDLE NAME]
2	DESIGNATION WITH CLASS	[DESIGNATION]	[CLASS]	[ I / II / III ]
3	PAY SCALE			
4	GPF / CPF ACCOUNT NO.			
5	DATE OF BIRTH (DD/MM/YYYY)			
6	CANDIDATE'S MOBILE NO.			
7	OFFICE ADDRESS WITH PHONE NUMBER AND E-MAIL ADDRSS			
8	NAME AND ADDRESS OF HEAD OF DEPARTMENT			
9	NAME AND ADDRESS OF ADMINISTRATIVE DEPARTMENT OF SACHIVALAYA (SECRETARIATE)			
10	DATE OF JOINING (DD/MM/YYYY)			
	10.1 IN CASE OF PROMOTION (DATE OF CONTINUOUS OFFICIATING IN THE PRESENT POST)			
	10.2 IN CASE OF DIRECT RECRUITMENT (ALONG WITH PROBABLE DATE OF COMPLETION OF PROBATION PERIOD)	[DATE OF JOINING]	[DATE OF COMPLIATION OF PROBATION]	
11	DATE OF RETIREMENT (DD/MM/YYYY)			
12	WHETHER THE PRIORITY FOR EXAMINATION IS REQUIRED			

**CERTIFICATE**

CERTIFIED THAT THE ABOVE DETAILS ARE CHECKED FROM THE OFFICE RECORDS AND FOUND TO BE CORRECT.

DATE :

PLACE:

CANDIDATE'S SIGNATURE

SIGNATURE AND SEAL OF  
HEAD OF OFFICE / DEPARTMENT

**FOR EXAM CENTRE USE ONLY**

EXAMINATION FEES :	
DATE OF EXAMINATION :	
SEAT NUMBER :	
TRIAL NUMBER :	

નોંધ: નાપાસ થયેલ ઉમેદવારે પુનઃ પરીક્ષામાં ઉપસ્થિત રહેવા માટે અરજી પત્રક સાથે અગાઉના પરિણામની નકલ અચુક બિડવાની રહેશે.