

आवेदक ओ.टी.आर. प्रक्रिया के अंतर्गत निम्न सूचना को अनिवार्य रूप से दर्ज करें।

वर्तमान में आवेदक द्वारा दर्ज केवल यह सूचना ही संसोधन हेतु उपलब्ध रहेगी।

उत्तर प्रदेश लोक सेवा आयोग द्वारा विज्ञापित विभिन्न पदों के सापेक्ष ऑनलाइन आवेदन पत्र में अभ्यर्थी की यह सूचना स्वतः प्रदर्शित होगी और पद के अंतर्गत अन्य विवरण आवेदक को स्वयं प्रविष्टि करना होगा।

Personal Details (व्यक्तिगत विवरण)

Applicant's Personal Details

Email Id : *	Mobile No : *	Aadhar Number (Last 06 digit) :
luckn XXXXXXXX ;mail.com	83 XXXXXXXX	423800
First Name : *	Middle Name :	Last Name :
AJAY	KUMAR	SINGH
Select Gender : *	Date of Birth : *	Applicant State of Domicile (Your Home State Name) : *
Male	01/01/1990	UTTAR PRADESH
Home District : *	Select Category : *	
ALIGARH	OBC	

Applicant's Father's Name

Father's First Name : *	Father's Middle Name :	Father's Last Name :
ARVIND	KUMAR	SINGH

Applicant's Mother's Name

Mother's First Name : *	Mother's Middle Name :	Mother's Last Last Name :
SHIKHA	Enter Mother's Middle Name	SINGH

Basic Qualification Details

Sr.No.	Basic Qualifications	Select (Tick)	Board Name	Year of Passing	Roll Number
1.	High School(10th)	<input checked="" type="checkbox"/>	UTTAR PRADESH BOARD OF HIGH SCHOO...▼	2004	123456

Other Personal Details (अन्य - व्यक्तिगत विवरण)

Citizenship / Nationality : *

Citizen of India

Marital Status : *

Married

Are you Dependent of Freedom Fighter? *

No

Ex. Army /ECO(Emergency Commissioned Officers)/SSCO(Short Service Commissioned Officers)/CO(Commissioned Officers) Details :-

Select ExArmy/ECO/SSCO/CO : *

No

Service Duration : *

YY MM DD

Retirement Date : *

dd/MM/yyyy

Applicant's Physically Handicapped (Divyangjan) Details:-

Are You Physically Handicapped (Divyangjan) ? *

No

Have you any Physical Problem (Locomotor disability or Cerebral Palasy)? *

Please Select Physically Percentage

Are you Blind Or Have Vision problem? *

Please Select Blind Percentage
 BLIND [B.]
 LOW VISION [L.V.]

Are you Deaf or Have hearing problem ? *

Please Select Deaf Percentage
 DEAF [D.]
 HARD OF HEARING [H.H.]

Have you any Neurological Problem ? *

Please Select Neurological Percentage
 AUTISM SPECTRUM DISORDER [A.S.D.]
 SPECIFIC LEARNING DISABILITY [S.L.D.]
 INTELLECTUAL DISABILITY [I.D.]
 MUSCULAR DYSTROPHY [M.DY.]
 MENTAL ILLNESS [M.I.]

Have you Multiple Disabilities ? *

Please Select MULTIPLE DISABILITIES [M.D.]

Sr. No.	PH Category [LOCOMOTOR or CEREBRAL PLASY]	PH Category PH Sub Category
1.	ONE ARM AFFECTED (Right or Left) [O.A.]	<input type="checkbox"/> OA
2.	ONE LEG AFFECTED (Right or Left) [O.L.]	<input type="checkbox"/> OL
3.	BOTH ARMS AFFECTED [B.A.]	<input type="checkbox"/> BA
4.	BOTH LEGS AFFECTED [B.L.]	<input type="checkbox"/> BL
5.	ONE ARM AND ONE LEG AFFECTED [O.A.L.]	<input type="checkbox"/> OAL
6.	CEREBRAL PALSY [C.P.]	<input type="checkbox"/> CP
7.	LEPROSY CURED [L.C.]	<input type="checkbox"/> LC
8.	DWARFISM [D.W.]	<input type="checkbox"/> DW
9.	ACID ATTACK VICTIMS [A.A.V.]	<input type="checkbox"/> AAV

Skilled/Extra Ordinary Player Details :-

Are You Skilled Player ? : *

Yes

Please Select Level of Player : *

District Level

National Cadet Corps (NCC) Details :-

Are You having NCC ? : *

Yes

Level of NCC Certificate:*

Certificate - C Level

Government Employment Details :-

Have you served in Government? *

No

Your Work Experience Location *

Please Select...

Service Duration : *

YY MM DD

Debarment Details :-

Have you ever been Debarred from UPPSC? *

No

Completion Date of Debarment (DD/MM/YY) : *

YYYY MM DD

E-Communication Details

Mobile No : *

(*****5938)

Email Id : *

(lu*****@gmail.com)

Alternate Mobile No :

XXXXXXXXXX

Alternate Email ID :

abc@xyz.com

Permanent Address Details:-

C/O Name (Maximum 50 characters including space) :

ARVIND KUMAR SINGH

Address Line 1 (Maximum 200 characters including space):

Hans Khara Tiraha

Address Line 2 (Maximum 200 characters including space) :

Para Road Manak Nagar

State Name : *

UTTAR PRADESH

District Name : *

ALIGARH

Tehsil : *

ATROLI

Select : *

Urban

Rural

Urban - Please fill the following information.

Nagar Panchayat/Palika (Maximum 100 characters including space):

Atrauli Izzat

Ward Name (Maximum 30 characters including space) :

Pur Chhabilpur

Mohalla Name (Maximum 50 characters including space) :

Gaon Khara

Police Station :

ATRAULI

House Number (Maximum 50 characters including space) :

545-HK-2270/03

Street Number/Post Office (Maximum 50 characters including space) :

ATROLI

Pin Code (Maximum 6 characters including space) :

202280

Correspondance/Mailing Address Details:-

Same As Permanent Address

C/O Name (Maximum 50 characters including space):

ARVIND KUMAR SINGH

Address Line 1 (Maximum 200 characters including space):

Hans Khara Tiraha

Address Line 2 (Maximum 200 characters including space) :

Para Road Manak Nagar

State Name : *

UTTAR PRADESH

District Name : *

ALIGARH

Tehsil : *

ATROLI

Select : *

Urban

Rural

Urban - Please fill the following information.

Nagar Panchayat/Palika (Maximum 30 characters including space) :

Atrauli Izzat

Ward Name (Maximum 30 characters including space) :

Pur Chhabilpur

Mohalla Name (Maximum 50 characters including space) :

Gaon Khara

Police Station :

ATRAULI

House Number (Maximum 50 characters including space):

545-HK-2270/03

Street Number/Post Office (Maximum 50 characters including space) :

ATROLI

Pin Code (Maximum 6 characters including space) :

202280

Applicant's Uploaded Photo and Signature

Select a latest colored photo



Select a latest Signature in Black ball point pen

