No.6/1/2017-CS-II(C)
Government of India
Ministry of Personnel, Public Grievances & Pensions
(Department of Personnel and Training)

3rd Floor, Lok Nayak Bhavan
Khan Market, New Delhi
Dated 7th February, 2017

To,

The successful candidates of
Stenographers Grade ‘C’ & ‘D’ Examination, 2015
recommended to the grade of Stenographers Grade ‘D’ of CSSS
(As per list annexed)

Subject: Appointment to the grade of Stenographer Grade ‘D’ of Central
Secretariat Stenographers’ Service on the basis of Stenographers
Grade ‘C’ & ‘D’ Examination, 2015 conducted by Staff Selection
Commission (SSC)– Completion of pre-appointment formalities
thereof.

Sir /Madam,

I am directed to say that Staff Selection Commission has recommended
candidates for appointment to the grade of Stenographer Grade ‘D’ of CSSS
on the basis of Stenographers Grade ‘C’ & ‘D’ Examination, 2015 conducted by
SSC. 17 more dossiers of the recommended candidates have been received in
this Department, as per the annexure to this letter. Candidates are, however,
advised to cross check their particulars with the result declared by SSC.

2. All the successful candidates recommended to the grade of Stenographer
Grade ‘D’ of CSSS are required to submit the following documents immediately:

(i) Willingness to join the post
(ii) Four sets of Attestation Form, all sets duly filled in ink.

[The candidates may take print out (back to back) of the Attestation Form
attached and should carefully fill in the forms. No point in the form shall be left
blank. The photograph pasted on all four sets should be signed by the
candidate. Specific answers to each of the questions in point 15 of the form
should be given by striking out ‘yes’ or ‘No’ as the case may be and not by tick
mark \(\checkmark\). The Candidates should fill in the point 10 also even of it is same as in
the points 2 or 3 of the form]
3. The candidate who in the point number 10 of the attestation form indicates his having resided in Delhi should additionally send the self-attested copies of the following documents and the soft copies of the same by email at k.salilkumar@gov.in / sumit.k13@nic.in

(a) One passport Size photograph in JPEG format (less than 20 kb)
(b) One copy of photo identity proof in JPEG format (less than 200 kb)
   (any one of the following)

<table>
<thead>
<tr>
<th>(i)</th>
<th>PAN card</th>
<th>(ii)</th>
<th>Driving License</th>
</tr>
</thead>
<tbody>
<tr>
<td>(iii)</td>
<td>Election ID</td>
<td>(iv)</td>
<td>Aadhar Card</td>
</tr>
</tbody>
</table>

(C) One copy of residential proof in JPEG format (less than 200 kb)
   (any one of the following)

<table>
<thead>
<tr>
<th>(i)</th>
<th>Passport</th>
<th>(ii)</th>
<th>Electricity Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>(iii)</td>
<td>Telephone Bill (landline)</td>
<td>(iv)</td>
<td>Ration Card</td>
</tr>
<tr>
<td>(v)</td>
<td>Passbook</td>
<td>(vi)</td>
<td>Utility Bill</td>
</tr>
<tr>
<td>(Vii)</td>
<td>Rent Agreement</td>
<td>(viii)</td>
<td>Others</td>
</tr>
</tbody>
</table>

4. Candidates should ensure that the requisite documents reach the undersigned at the address mentioned hereunder, latest by 15th February, 2017.

Department of Personnel & Training, CS-II Division
(Shri K. Salil Kumar, US)
3rd Floor, Lok Nayak Bhawan,
Khan Market, New Delhi – 110003.

5. All the candidates residing outside Delhi are advised to appear before the Civil Surgeon/ Principal Medial Officer / Chief Medical Officer of the District where the candidates are presently residing, for the medical examination to determine their fitness for the Government service.

6. All the candidates are required to give a statement and declaration regarding his/her health in the attached form in the presence of Medical Officer. The medical examination report and declaration in original shall be furnished to this Ministry as soon as possible. The medical certificate of fitness should be in the prescribed format, a specimen of which is attached. In case any other letter is required by the office of CMO concerned, the undersigned may be contacted. However, if the candidate is already in government service, instead of obtaining a fresh medical report, they may produce this letter to their controlling authority to enable them to forward an attested copy of their character and antecedents report, vigilance clearance and medical examination
report obtained at the time of appointment in the present service, to the undersigned.

7. The candidates who submit the requisite documents (willingness, attestation form, medical fitness report etc) shall be considered for nomination to the mandatory SDR Foundational Training Programme organized by Institute of Secretariat Training and Management (ISTM), Delhi. The training of the candidates would start tentatively from 6th March, 2017. It may please be noted that the candidates have to report to ISTM for completion of joining formalities on 2nd and 3rd March, 2017 positively.

8. Mere submission of willingness and forms will not entitle any claim to appointment to the post which will be subject to fulfillment of stipulated terms and conditions.

Yours faithfully,

(K. Salil Kumar)
Under Secretary to the Government of India
Tele: 24623157/24654020
e-mail: k.salilkumar@gov.in
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name (Shri/Smt./Ms.)</th>
<th>Roll No.</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rishabh Srivastava</td>
<td>3003022633</td>
<td>84</td>
</tr>
<tr>
<td>2</td>
<td>Ajay Kumar</td>
<td>3013008918</td>
<td>86</td>
</tr>
<tr>
<td>3</td>
<td>Shahnawaz Badar</td>
<td>3206009348</td>
<td>94</td>
</tr>
<tr>
<td>4</td>
<td>Vivek Kumar</td>
<td>3003020570</td>
<td>100</td>
</tr>
<tr>
<td>5</td>
<td>Radha Kumari</td>
<td>3206003360</td>
<td>125</td>
</tr>
<tr>
<td>6</td>
<td>Vijay Patel</td>
<td>3003022562</td>
<td>189</td>
</tr>
<tr>
<td>7</td>
<td>Shiv Kumar Sharma</td>
<td>3003017295</td>
<td>198</td>
</tr>
<tr>
<td>8</td>
<td>Gaurav Kumar Tiwari</td>
<td>3009006622</td>
<td>208</td>
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<tr>
<td>9</td>
<td>Gulam Sabir Shaikh</td>
<td>3003011753</td>
<td>251</td>
</tr>
<tr>
<td>10</td>
<td>Amar Deep Yadav</td>
<td>3003003257</td>
<td>289</td>
</tr>
<tr>
<td>11</td>
<td>Pravin Kumar</td>
<td>3010021275</td>
<td>305</td>
</tr>
<tr>
<td>12</td>
<td>Vikas Singh</td>
<td>3003000297</td>
<td>326</td>
</tr>
<tr>
<td>13</td>
<td>Vinay Kumar</td>
<td>3007004847</td>
<td>352</td>
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<tr>
<td>14</td>
<td>Gopi Chandra</td>
<td>3010005552</td>
<td>368</td>
</tr>
<tr>
<td>15</td>
<td>Kuldeep Kumar</td>
<td>3003003000</td>
<td>443</td>
</tr>
<tr>
<td>16</td>
<td>Ashutosh Kumar Chorasiya</td>
<td>3206001872</td>
<td>496</td>
</tr>
<tr>
<td>17</td>
<td>Pavan Kushwaha</td>
<td>3009020704</td>
<td>2173</td>
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</tbody>
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To,

The Under Secretary (CS-II)
CS-II Division,
Department of personnel & Training,
3rd Floor, Lok Nayak Bhawan,
Khan Market, New Delhi – 110003

Subject: Appointment to the grade of Stenographer Grade ‘D’ of CSSS-
Submission of documents by candidates of Stenographers Grade ‘C’
& ‘D’ Exam, 2015, conducted by SSC - reg.

Sir,

I am refer to letter No. 6/1/2017-CS-II(C) dated 7th February, 2017 of
Department of Personnel & Training on the subject mentioned above and
hereby convey my willingness to join the grade of Stenographers Grade ‘D’ of
CSSS.

2. Four sets of Attestation Forms duly filled in my own handwriting, are
also attached.

Yours faithfully,

Dated

Signature:.................................

Name:.................................

Roll No:.................................

Date of Birth:............................

e-mail:.................................

Contact No:............................

Rank (AIR):.............................
**ATTESTATION FORM**

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**“WARNING**

The furnishing of false information or suppression of any factual information in the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the government.

If detained, arrested prosecuted, bound down, fined, convicted, debarred, acquitted etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information.

If, the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person, his services would be liable to be terminated.

---

1. Name in full (in block capitals) with aliases, if any, (Please indicate if you have added or dropped in any stage, any part of your name or surname).

2. Present Address in full (i.e. Village, Thana and District, or House No., Lane/Street/Road & Town).

3. (a) Home Address in full (i.e. Village, Thana & District, or House No., Lane/Street/Road and Town and name of District Headquarters)
   (b) If originally a resident of Pakistan/Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.

4. Aadhar Card No. (if available)

5. Permanent Account Number (PAN) (if available)

6. Nationality

---

**Signature**
7. (a) Date of Birth
   (b) Present age
   (c) Age at Matriculation

8. (a) Place of birth, district and state in which situated
   (b) District and State to which you belong
   (c) District and State to which your father originally belongs

9. (a) Your Religion
   (b) Are you a member of a scheduled Caste/Scheduled Tribe/Other Backward Class? Answer 'Yes'/ 'No'

10. Particulars of places (with periods of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Residential Address in full (i.e. Village Thana &amp; District or House No. Lane/Street/Road &amp; Town</th>
<th>Name of the District Head Quarter or the place mentioned in preceding column</th>
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</tbody>
</table>

Signature
11. | Name (in full & aliases if any) | Nationality (by birth or by domicile) | Place of birth | Occupation if employed give designation & official address | Present postal address (if dead give last address) | Permanent Home address |
<table>
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<tbody>
<tr>
<td>a) Father</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b) Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Spouse</td>
<td></td>
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</tbody>
</table>

12. Information to be furnished with regard to son(s) and/or daughters in case they are studying/living in a foreign country:

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality by birth and/or by domicile</th>
<th>Place of birth</th>
<th>Country in which studying/living with full address</th>
<th>Date from which studying/living in the country mentioned in the previous column</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

13. Educational Qualification showing places of education with years in Schools and Colleges since 15th year of age:

<table>
<thead>
<tr>
<th>Name of School/College (with full address)</th>
<th>Date of Entering</th>
<th>Date of Leaving</th>
<th>Examination Passed</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Signature
14. (a) Are you holding or have any time held an appointment under Central or State Government or a Semi-Government or a Quasi Government body or an autonomous body or a public Sector Undertaking or a private firm or institution? If so, give full particulars with date of employment up-to – date

<table>
<thead>
<tr>
<th>Period</th>
<th>Designation, emoluments &amp; nature of employment</th>
<th>Full name &amp; address of employer</th>
<th>Reasons for leaving previous service</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. (b) If the previous employment was under the Government of India/a State Government/ undertaking owned or controlled by the Government of India or a State Government/ and Autonomous Body/University/Local Body.

If you had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent dates(s), before your service actually terminated?

15. (l) (a) Have you ever been kept under detention? (Strike out 'Yes' or 'No' as the case may be)

<table>
<thead>
<tr>
<th>(Strike out 'Yes' or 'No' as the case may be)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No</td>
</tr>
</tbody>
</table>

(b) Have you ever been arrested?  Yes / No

(c) Have you ever been prosecuted? (i.e has a charge sheet in a criminal case been filed against you in any court of law)  Yes / No

(d) Is any criminal case pending against you in any Court of Law at the time or filling up this Attestation form?  Yes / No

(e) Have you ever been convicted by a court of Law for any Office?  Yes / No

(f) Whether discharged/expelled/withdrawn from any training/institution under the Government or otherwise?  Yes / No

(g) Have you ever been rusticated by any University or any other educational authority/institution?  Yes / No

Signature
(h) Have you ever been debarred / disqualified by any Public Service Commission/Staff Selection Commission for any of its examination/selection? Yes / No

(ii) If the answer to any of the above mentioned question is 'Yes' give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc and/or the nature of the case pending in the Court/University/Educational Authority etc at the time of filling up this attestation form:

Note: (i) Please also see the 'WARNING' at the top of this Attestation Form
(ii) Specific answers to each of the questions should be given by striking out 'Yes' or 'No' as the case may be

<table>
<thead>
<tr>
<th>16.</th>
<th>Names of two responsible person of your locality or two references to whom you are known:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1)</td>
</tr>
<tr>
<td></td>
<td>2)</td>
</tr>
</tbody>
</table>

**DECLARATION**

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.

I am not aware or any circumstances which might impair my fitness for employment under Government.

Date:  
Place:  
Signature of candidate

**TO BE FILLED BY THE OFFICE**

i) Name, Designation and full address of the authority forwarding the form:

Under Secretary to the Government of India  
CS-II Division  
Department of Personnel & Training  
3rd Floor, Lok Nayak Bhavan  
New Delhi-110003

ii) Post for which the candidate is being considered.

Stenographer Grade 'D' of  
Central Secretariat Stenographers' Service (CSSS)
FORM OF MEDICAL CERTIFICATE

I hereby certify that I have examined Sh/Smt/Ms.__________________________ a candidate for employment in the Central Secretariat Stenographer Service in the Government of India and cannot discover that he/she has any disease (communicable or otherwise), constitutional weakness or bodily infirmity, except_______________________________.

I do not consider this a disqualification for employment in Central Secretariat Stenographer Service in the Government of India.

The age of Shri/Smt./Ms.__________________________ according to his/her own statement is _________ years, and by appearance is about _________ years.

(Signature/thumb impression of the candidate)

Date ____________________

(To be signed in the presence of the examining Medical Officer)

(Paste a photograph of the candidate examined)

Signature of Medical Officer
Name __________________________________________
Address _________________________________________

Official Seal

(Seal should be spread over form and the photograph)

Note: The officer making this certificate should be a Civil Surgeon or a District Medical Officer of equivalent status of a Government Hospital
CANDIDATE'S STATEMENT AND DECLARATION

(The candidate must make the following statement and must sign the declaration below it before the medical officer. Attention is specially invited to the WARNING in the 'Note' at the bottom of page 2.)

1. Name in full
   (in BLOCK letters)

2. Age and place of birth

3. Have you ever had
   (a) small-pox, intermittent fever and
       other fever, enlargement suppuration
       of glands, spitting of blood, fainting
       attacks, rheumatism or appendicitis?
   OR
   (b) any other disease or accident
       requiring confinement to bed and
       medical or surgical treatment?

4. When were you last vaccinated?

5. Have you or any of your relatives been
   afflicted by consumption, scrofula, gout,
   asthma, fits, epilepsy or insanity?

6. Have you suffered from any form of
   nervousness due to overwork or any
   other cause?

7. Have you been examined and declared fit
   for Govt. Service by a medical officer/
   Medical Board within the last three
   years?

8. Furnish the following particulars:

<table>
<thead>
<tr>
<th>Father's age, if living, &amp; state of health</th>
<th>Father's age at the time of death and cause of death</th>
<th>No. of brothers living, their ages and state of health</th>
<th>No. of brothers who have died, their ages at death and cause of death</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

   Contd..../-
<table>
<thead>
<tr>
<th>Mother's age, if living, &amp; state of health</th>
<th>Mother's age at the time of death and cause of death</th>
<th>No. of sisters living, their ages and state of health</th>
<th>No. of sisters who have died, their ages at death and cause of death</th>
</tr>
</thead>
</table>

**DECLARATION**

I declare that all the above answers are true and correct to the best of my knowledge and belief. I also solemnly affirm that I have not received any disability certificate/ pension on account of any disease or other condition.

________________________
Candidate’s signature

Signed in my presence.

________________________
Signature of Medical Officer

Name:________________________
& Designation:________________________

*Note: The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowance or gratuity.*

(Please take back to back print)