

**By Speed Post**

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

3<sup>rd</sup> Floor, Lok Nayak Bhavan  
Khan Market, New Delhi  
Dated 20<sup>th</sup> March, 2018

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 Stenographers Grade 'D' of CSSS on the basis of Stenographers Grade 'C' & 'D' Examination, 2015 conducted by SSC. 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 ✓. 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 [chirabrata.sarkar@nic.in](mailto:chirabrata.sarkar@nic.in) / [sumit.k13@nic.in](mailto: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)

- |                   |                      |
|-------------------|----------------------|
| (i) PAN card      | (ii) Driving License |
| (iii) Election ID | (iv) Aadhar Card     |

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

- |                                 |                       |
|---------------------------------|-----------------------|
| (i) Passport                    | (ii) Electricity Bill |
| (iii) Telephone Bill (landline) | (iv) Ration Card      |
| (v) Passbook                    | (vi) Utility Bill     |
| (vii) Rent Agreement            | (viii) Others         |

4. Candidates should ensure that the requisite documents reach the undersigned at the address mentioned hereunder, latest by **28<sup>th</sup> March, 2018.**

Department of Personnel & Training, CS-II Division  
(Shri Chirabrata Sarkar, Under Secretary)  
3<sup>rd</sup> 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 Medical 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 Stenographers Direct Recruit (SDR) Foundational Training Programme organized by Institute of Secretariat Training and Management (ISTM), Delhi, which is likely to be scheduled in the month of April, 2018.

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

9. For further information/direction, if any, all candidates are required to follow the website of Department of Personnel & Training (www.dopt.gov.in), regularly.

Yours faithfully,

*Chirabrata Sarkar*  
20/02/2018

(Chirabrata Sarkar)

Under Secretary to the Government of India

Tele: 24623157/24620119

**e-mail:** chirabrata.sarkar@nic.in

## Annexure

S.No.	Name (Shri/Smt./Ms.)	Roll No.	Rank	DoB	Category
1	Rahul Kumar	2003012099	169	20-02-1996	OBC*
2.	Shivani Kashyap	1601004114	176	16-09-1993	OBC*
3	Rani Kumari	2201041280	177	08-01-1993	UR
4	Shakti Seth	2201016602	265	16-06-1987	OBC
5	Yogesh Sharma	2201009163	272	10-07-1989	UR
6	Swati Rajpoot	2003004456	325	16-01-1993	UR
7	Afraj Khan	2201000671	392	12-10-1989	OBC
8	Neeraj Kumar	2201000123	801	16-12-1990	SC

To

The Under Secretary (CS-II)  
CS-II Division  
Department of Personnel & Training  
3<sup>rd</sup> 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' Examination, 2015**, conducted by SSC-reg.

Sir,

I am refer to letter No. 6/1/2017-CS-II(C)(Vol.3) dated 20<sup>th</sup> March, 2018 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 Form 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

Affix signed  
Passport size  
(5 cms. X 7 cms.)  
Approx. copy  
of recent  
photograph

**"WARNING"**

1. 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.
2. 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.
3. 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.

From	To	Residential Address in full (i.e. Village Thana & District or House No. Lane/Street/Road & Town	Name of the District Head Quarter or the place mentioned in preceding column.

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
a) Father						
b) Mother						
c) Spouse						

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

Name	Nationality by birth and/ or by domicile	Place of birth	Country in which studying/living with full address	Date from which studying/living in the country mentioned in the previous column

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

Name of School/College (with full address)	Date of Entering	Date of Leaving	Examination Passed

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

Period		Designation, emoluments & nature of employment	Full name & address of employer	Reasons for leaving previous service
From	To			

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

16.	Names of two responsible person of your locality or two references to whom you are known:	1)  2)
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#### 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 of 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:

Father's age, if living, & state of health	Father's age at the time of death and cause of death	No. of brothers living, their ages and state of health	No. of brothers who have died, their ages at death and cause of death

Contd...../-

Mother's age, if living, & state of health	Mother's age at the time of death and cause of death	No. of sisters living, their ages and state of health	No. of sisters who have died, their ages at death and cause of death

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.

Date: \_\_\_\_\_

\_\_\_\_\_  
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 PRINT NAME AND DESIGNATION~~