

## CCC/CCC+ EXAMINATION REGISTRATION FORM FOR DIRECT EXAM FOR EMPLOYEES OF STATE GOVERNMENT

Affix recent  
passport size  
photograph  
attested by your  
office seal

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

1	NAME OF SECRETARIAT			
2	NAME OF DEPARTMENT			
3	NAME OF INSTITUTE/OFFICE			
4	OFFICE ADDRESS			
5	NAME AND DESIGNATION OF HEAD OF INSTITUTE  OFFICE CONTACT NUMBER AND EMAIL ADDRSS			
6	FULL NAME OF EMPLOYEE (STARTING WITH SURNAME)	[SURNAME]	[FIRST NAME]	[MIDDLE NAME]
7	DESIGNATION			
8	GPF/ CPF ACCOUNT NO.			
9	DATE OF BIRTH (DD/MM/YYYY)			
10	AGE			
11	DATE OF JOINING (DD/MM/YYYY)			
	11.1 IN GOVT.SERVICE			
	11.2 DEPARTMENT			
12	DATE OF RETIREMENT (DD/MM/YYYY)			
13	PARMANENT RESIDENTIAL ADDRESS			
14	GENDER (Male/Female)			
15	MARITAL STATUS (Married/Unmarried)			
16	CASTE (General/SEBC/SC/ST)			
17	PHYSICALLY HANDICAPPED (Yes/No)			
18	WHETHER EX-SERVICEMAN (Yes/No)			
19	CANDIDATE MOBILE NO.			

SIGNATURE AND SEAL OF  
HEAD OF INSTITUTE/OFFICE

SIGNATURE OF EMPLOYEE

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FOR EXAM CENTRE USE ONLY

NAME OF EXAM CENTRE :	
DATE OF EXAMINATION :	
SEAT NUMBER :	
TRIAL NUMBER :	