



Modification/Edit Candidate Details

All * fields are compulsory

Modification/Edit Candidate Details

Candidate Registration No : *
Registration Number

Date of Birth (DD/MM/YYYY) : *
DAY MONTH YEAR

Registered Mobile No : *
Mobile Number

Enter Verification Code *
Enter Verification Code 9GkKx

[Click here to Proceed](#) [Clear All](#) [Close](#)

Click here to start
Registration

Fill Login details & Click Here
Click here to Proceed

Click here to start
Login

Candidate Modify Login – Enter OTP

उत्तर प्रदेश सरकार GOVERNMENT OF UTTAR PRADESH

उत्तर प्रदेश अधीनस्थ सेवा चयन आयोग
Uttar Pradesh
Subordinate Services Selection Commission

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Home / Modification/Edit Candidate Details

Modification/Edit Candidate Details

All * fields are compulsory

Modification/Edit Candidate Details

Candidate Registration No : *

Enter Verification Code *

[Click here to Proceed](#) [Clear All](#) [Close](#)

Please enter One Time PIN (OTP) sent on your mobile number (*****2628) and email (de*****@gmail.com)

OTP Verification Process

Enter OTP

[Proceed For Modify](#) [Re-Send OTP](#)

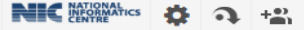
Please enter One Time PIN (OTP) sent on your mobile number (*****2628) and email (de*****@gmail.com)

[Click here to Proceed](#) [Clear All](#) [Close](#)

Enter OTP & Click here

Candidate Modify Application – Enter Details

उत्तर प्रदेश सरकार GOVERNMENT OF UTTAR PRADESH



उत्तर प्रदेश अधीनस्थ सेवा चयन आयोग
Uttar Pradesh
Subordinate Services Selection Commission



Home About Us Notifications/Advertisements Candidate Registration Downloads FAQs RTI Grievances

Home / Modify Application Form

Modify Application Form

All * fields and pink border color are compulsory

Notification Details :

Advertisement/Notification Number : 01-Exam/2019
Apply For The Post : Combined Lower Subordinate Services General Recruitment Competitive Examination 2019
Candidate Registration No :
Application ID :

Bank Transaction Details

Bank Name : Payment Mode :
Transaction Amount : Transaction ID :
Transaction Date :

Candidate's Personal Details

Candidate Name : * Father's/Husband's Name : *
Mother's Name : * Gender : *
Date of Birth(dd/mm/yyyy) : * Are you Married? *
Contact No : Email-ID :
Are you Domicile of UP? Category :
Home State * Home District *
Are you a U.P. government Employee : *

Candidate's Other Details

Are You Dependent of UP Freedom Fighter?	No	Are You UP Ex. Army?	No
Are You ECO/SSCO/CO Of Army	No		
Are You Skilled Player Of UP?	Yes	Level of Player	National Level.
Are You Handicap of UP?	Yes		
Are you Blind Or Have Vision problem?	Yes	<input type="radio"/> Partially Blind [PB]	
Are you Deaf or Have hearing problem?	Yes	<input type="radio"/> Partially Deaf [PD]	
Have you any physical Problem?	Yes		
Sr. No.	PH Category [LOCOMOTOR or CEREBRAL PLASY]	Selected PH Category	Selected PH Sub Category
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

High School & Intermediate Details

Examination Passed	Board Name	Year of Passing	Roll Number	Is Grade System	Obtained Marks	Total Marks	Percentage
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intermediate	<input checked="" type="checkbox"/> Have You Completed Intermediate ?, If Yes then Click on Checkbox and Select Board Name,Year Of Passing & Roll Number <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Upload Documents

If not applicable, then type 'NA'

S.No.	Name Of Document	Issuing Authority	Issuing Date(DD/MM/YYYY)	Certificate No.	Upload	+	Delete
1.	Age Proof (Certificate of Matriculation) Optional(वैकल्पिक)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Upload"/>	<input type="button" value="+"/>	<input type="button" value="Delete"/>
2.	Residence Proof (Domicile Certificate) Optional(वैकल्पिक)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Upload"/>	<input type="button" value="+"/>	<input type="button" value="Delete"/>
3.	Certificate Regarding HandiCapped Optional(वैकल्पिक)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Upload"/>	<input type="button" value="+"/>	<input type="button" value="Delete"/>

नोट :*** अभ्यर्थी जिस पद के लिये आवेदन कर रहे हैं, उस पद हेतु AFFIRMATION (Yes) करना अनिवार्य है, अन्यथा उनका आवेदन उस पद हेतु स्वीकार नहीं किया जायेगा ।

Advt Code	Department Name	S. No.	Post Name/ Date For Calculating Age	Pay Scale Grade Pay Min Age - Max Age	Required Essential Qualification										
1.	Chakbandi Commissioner Uttar Pradesh Lucknow चकबन्दी आयुक्त, उत्तर प्रदेश, लखनऊ	1.	Assistant Chakbandi Officer / Assistant Rectification Officer 01/07/2019	9300-34800 4200 21 - 40	<table border="1"> <thead> <tr> <th>S.No.</th> <th>Essential Qualification Name</th> <th>Acquired (Y/N)</th> <th>Board/Institution/University Year Of Passing Cert/Roll Number/Issue Date</th> <th>Is Grade System</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Candidate Must have a Bachelor degree from a university established by law in India for direct recruitment on the post of Assistant Chakbandi Officer</td> <td>Yes</td> <td>sdasdas 2013 DASDAS 12/12/1900</td> <td>No 140 140</td> </tr> </tbody> </table>	S.No.	Essential Qualification Name	Acquired (Y/N)	Board/Institution/University Year Of Passing Cert/Roll Number/Issue Date	Is Grade System	1.	Candidate Must have a Bachelor degree from a university established by law in India for direct recruitment on the post of Assistant Chakbandi Officer	Yes	sdasdas 2013 DASDAS 12/12/1900	No 140 140
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Post Preferences Details

Note : After giving the option of preference to the post by the candidate, it is mandatory to 'SUBMIT' the application. अभ्यर्थी के द्वारा पद का अधिमान्यता क्रम का विकल्प देने के बाद आवेदन को 'SUBMIT' करना अनिवार्य है ।

Sr.No. क्रम संख्या	Name Of Post पद का नाम	Choose चुनें
1.	Assistant Chakbandi Officer / Assistant Rectification Officer	<input checked="" type="checkbox"/>

Preference Order अधिमान्यता क्रम	Name Of Post पद का नाम
0 1.	Assistant Chakbandi Officer / Assistant Rectification Officer

Preferential Qualification Details

Qualification Name	Acquired
भारत में विधि द्वारा स्थापित किसी विश्विद्यालय की विधि स्नातक की उपाधि हो	Yes
प्रादेशिक सेना में न्यूनतम 02 वर्ष की अवधि तक सेवा की हो	No
राष्ट्रीय केडेट कोर का "बी" प्रमाण पत्र प्राप्त किया हो।	No
ऐसे व्यक्ति को अधिमान दिया जायेगा जिसने हिन्दी के अतिरिक्त अन्य भाषा में उपाधि प्राप्त की हो।	Yes

Candidate's Address Details

Name, C/O : *

House Number/Village : *

Street Number/Post Office : *

Locality/Kasba/City : *

State Name : *

District Name : *

Pin Code : *

Permanent Address

Correspondence/Mailing Address

Update Scanned Photo and Signature Image File

Choose File No file chosen



Choose File No file chosen



Update Photo And Signature

- > Image should be of size W * H (3.5 CM * 6.0 CM) .jpg,.jpeg in format and should not exceed **Photo Image 30 KB** and **Sign Image 20 KB**
- > ** Click here for guidelines for uploading photo with signature **

Click here to After
Modify Details

Type Verification code

XddLw

Submit

Cancel

Close



Successful Confirmation Of Modified Application Submission

[Print Updated Application Slip](#)

Your Application form has been updated successfully.
Please take a print out for future reference.

01-Exam/2019/Combined Lower Subordinate Services General Recruitment Competitive Examination 2019	
Application ID :	
Registration Number :	
Candidate Name :	
Date of Birth :	

[Click here to Print Modify Application Slip](#)

Note: -

Filled In Application Form has been received in the office but its Acceptance is subject to the verification process pertaining to the Candidates Age objections related to photo uploading/Rejected/Accepted etc., So Please Visit the website again to view the application status after the last date of under the option 'View Application Status' for ensuring the Acceptance of Application form.

[Date : 30-01-2019 , Time : 10.48:12]

[Click here to download complete Updated Application Form](#)

[Click here to Print Modify Application Form](#)

Bank Transaction Details

Bank Name - Payment Mode :

State Bank Of India - INB

Rs. 25.00 , 19013010143935 -18/08/2017

Applied Post Under Department

S. No.	Department Name	S. No.	Post Name	Affirmation	Required Essential Qualification										
1.	Chakbandi Commissioner Uttar Pradesh Lucknow	1.	Assistant Chakbandi Officer / Assistant Rectification Officer	Yes	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Essential Qualification Name</th> <th>Acquired (Y/N)</th> <th>Board/Institution/University Year Of Passing Certificate/Roll Number/Issue Date</th> <th>Marks Detail</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Candidate Must have a Bachelor degree from a university established by law in India for direct recruitment on the post of Assistant Chakbandi Officer</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Sr. No.	Essential Qualification Name	Acquired (Y/N)	Board/Institution/University Year Of Passing Certificate/Roll Number/Issue Date	Marks Detail	1.	Candidate Must have a Bachelor degree from a university established by law in India for direct recruitment on the post of Assistant Chakbandi Officer			
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1.	Candidate Must have a Bachelor degree from a university established by law in India for direct recruitment on the post of Assistant Chakbandi Officer														

Order Of Post Preference

1 - Assistant Chakbandi Officer / Assistant Rectification Officer

Preferential Qualification Details

S No.	Qualification	Acquired
1	Must have a Law Graduate Degree from any university established by law in India .	Yes
2	Served in the Territorial Army for a minimum period of 02 years.	No
3	Has been obtained National Cadet Corps B certificate.	No
4	Preference will be given to a person who has A Bachelors degree in any other languages in addition to Hindi.	Yes

Address Details ↓

Permanent Address

Correspondence/Mailing Address

Name , C/O:

House no./Village :

Street No./PO :

Locality/Kasba/City :

State / District Name :

Pin :

Declaration

I accept the following declaration : Yes

1. I hereby declare that I have read all term & condition according advertisement and I accept it.

2. I hereby declare that all the entries/statements made in this application are true, complete and correct to the best of my knowledge and belief.

3. In the event of any information being found false or incorrect or ineligibility being detect before or after Selection, the commission can take action against me as per rule incase it is detected that I have misled UPSSSC on any issue then I will solely responsible for all penal consequences thereof.

Current status of application
Your application is under processing.