SERVICES DEPARTMENT (III) 7TH LEVEL, B WING, DELHI SECRETARIAT I.P. ESTATE, NEW DELHI-110 002.

(Website: http://services.delhigovt.nic.in; Ph.No.: 23392239; Fax No.:23392150)

No.F.14(3)/1/2013/TT/S-III/924

Dated:- 2

TO MAR 2014

e All Head of Departments, Govt of NCT of Delhi Delhi/New Delhi

Sub: Regarding Venue & Schedule of Typewriting/Shorthand Test for the vear 2014.

Sir/Madam,

In continuation to this Department's letter of even number dated 26/02/2013 and as per communication dated 18/03/2014 received from the Assistant Director (Exam), Dte of TTE, the schedule of the typewriting/ Shorthand test in respect of officials of Govt. of NCT of Delhi is as under. It is also informed that the charges/rates for the test has been enhanced to Rs

Venue of the Typewriting/Shorthand	Will be informed accordingly well before time			
Schedule of the Typewriting/Shorthand	Will be held at 10.00 A.M.			
settia afabibnad scanods anti yd	i) 29.03.2014* ii) 28.06.2014			
Ineutrineut	iii) 27.09.2014 iv) 27.12.2014			

*Has been postponed to 28.06.2014 due to Lok Sabha Election 2014.

The application forms of officials of Govt. of NCT of Delhi must reach to the Services Department within 10 days before the date of test as mentioned above so that their names can be forwarded to the Dte. of TTE well in time.

The application form may also be obtained from the Services Department's Web Site.

This issue with the prior approval of Principal Secretary (Services).

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No.F.14(3)/2/2012/TT/S-III/924_

Yours faithfully,

(AJAZ AHMED)

SUPERINTENDENT (SERVICES-III)

Dated: - 27/03/14

Copy to the Superintendent (Co-Ord), Services Department with the request to upload this letter along with latest Performa on the official \"\ website of Services Department.

SA(na)

Name of the Sponsoring Department ...th office address

1	Registration No./S.No.	7	
2	Name of Candidate (in Block Letter)		400000000000000000000000000000000000000
3	Father's/Husband's Name		***************************************
4	Date of Birth		. 0000200000000000000000000000000000000
5	Residential Address (with Phone No.)	:	***************************************
6	Medium	. 0	Miles of the company pair
7	Computer/Manual	:	

Affix passport
size photograph
of the candidate
attested by the
sponsoring
Department

(Signature of the Issuing Authority)
With Office Seal

(Signature of the Candidate)

(FOR OFFICE USE ONLY)

(TO BE RETAINED BY THE CHAIRMAN OF THE INSTITUTE)

Name of the Sponsoring Department:
With official address

1	Registration No./S.No.	1.	040000000000000000000000000000000000000
2	Name of Candidate (In Block Letter)	1	
3	Father's/Husband's Name	1	***************************************
4	Date of Birth V	:	***************************************
5	Residential Address (with Phone No.)	:	T PETONO POLICIO
6	Medium Computer/Manual		

Affix passport size photograph of the candidate attested by the sponsoring Department

(Signature of the Issuing Authority)
With Office Seal

TH

(Signature of the Candidate)