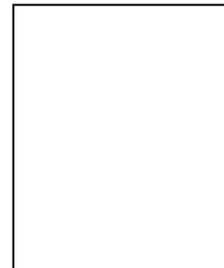


**APPLICATION FOR THE POST OF DRIVER
UNDER DIRECTORATE OF FORENSIC SCIENCE LABORATORY**



1. Name of Service/Post : _____
2. Name of Department : _____
3. Name of Candidate : _____
(in capital letters only)
4. Father's/Mother's Name : _____
5. Permanent Address : _____

6. (a) Address for correspondence : _____

- (b) Phone Number : _____
7. Date of Birth : _____
(attach self attested photocopy of Birth Certificate or HSLC or Aadhaar)
8. Sex *(Male or Female)* : _____
9. Community i.e.SC/ST/OBC : _____
(attach self attested photocopy of the supporting document)
10. Educational & other qualifications : 1) _____
prescribed in the advertisement 2) _____
(attach self attested photocopy of 3) _____
the supporting document) 4) _____
11. Driving License No. : _____
(attach self attested photocopy)

12. Experience, if any : _____
(attach self attested photocopy of the supporting document)
13. Whether the candidate possessed working knowledge of Mizo language at least Middle School standard. : YES/NO
14. Indicate the list of self attested documents enclosed with the application *(i.e. Educational Certificate, ST Certificate, Birth Certificate, etc.)* : 1) _____
2) _____
3) _____
4) _____
5) _____
15. Valid Employment ID : _____
(attach self attested photocopy of the supporting document)

Signature of Applicant : _____

Full Name : _____

DECLARATION

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Place :

Date :

(Signature of the Candidate)

CERTIFICATE BY HEAD OF DEPARTMENT

(For use of Government Servants only)

Certified that Mr/Mrs/Miss _____
holds a temporary/permanent post under the Central/State Government. His character so far as known to me is good and I am not aware of any circumstances which show that he would be unsuitable for any appointment to any post if successful in the examination.

Date :

Signature : _____

Designation : _____

(Office Seal)