

**APPLICATION FORM FOR THE POST OF FORESTER & FOREST GUARD
UNDER ENVIRONMENT, FORESTS & CLIMATE CHANGE DEPARTMENT**

Passport
size photo
to be
affixed

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 (Whatsapp no.) : _____
7. Date of birth : _____
(attach self attested HSLC/HSSLC Certificates
/Voters ID/ Digitised Birth Certificate)
8. Sex (Male or Female) : _____
9. Community i.e. SC/ST/OBC : _____
(attach self attested photocopy of the supporting document)
10. Educational and other qualifications as prescribed in the advertisement : 1. _____
2. _____
(attach self attested photocopy of the supporting document) 3. _____
4. _____
11. Experience, if any (attach self attested photocopy of the supporting document) : _____

12. Whether the candidate studied Mizo Subject in: (attach self attested photocopy of
marksheet)
iii) HSLC or above : Yes / No
iv) MIL : Yes / No
13. 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. _____

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 Also, all the benefits availed by me shall be summarily withdrawn.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)