APPLICATION FORM FOR RECRUITMENT TO THE POST LOWER DIVISION CLERK (CASUAL) UNDER HORTICULTURE 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 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) :1. _____ 10) Educational and other qualifications as prescribed in the Advertisement (attach self Attested photocopy of the Supporting document)

11)Experience, if any	s
(attach self attested .	
Photocopy of supporting Document)	~
12) Whether the candidate studied Mizo subject in Class-X standard (HSLC) or above within Mizoram or who opted for Mizo subject as MIL outside Mizoram. If 'NO' a candidates must achieve a minimum score in qualifying test of Mizo Language Proficiency as prescribed by the government from time to time.	: YES/NO
13) Indicate the list of self	: 1
attested documents	2
enclosed with the	3
application (i.e	*4
educational Ceritficate, ST certificate, Birth Certificate, etc.)	5
14) ⁸ [Whether or not the candidate is a person with benchmarked disability as defined under section 2(r) of RPwD Act, 2016?	: YES/NO
15) ⁹ [If the answer at Sl. No. (14) is YES, whether or not the candidate wanted to Avail the services of scribe For writing the examination?]	: YES/NO
16) ¹⁰ [If the answer at Sl. No. (15) is YES, whether or not the candidate will bring his/her own scribe OR utilize the services of scribe provided by the recruiting Department?	

⁸ Inserted by the Mizoram Direct Recruitment (Conduct of Examination) (Amendment) Guidelines, 2019 notified in the Mizoram Gazette extra ordinary issue No. 618 dated 19.09.2019.

⁹ Ibid.

¹⁰ Ibid.

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 Also, all benefits availed by me shall be summarily withdrawn.

Place:
Date:

(Signature of 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 C	Government. H	is character so far as known to
me is good and I am not aware of any circumstance	s which show	that he would be unsuitable for
any appointment to any post if successful in the exa	mination.	
Date:		
	Signature	:
	Designation	:
(Office	e Seal)	