

APPLICATION FORM FOR THE RECRUITMENT TO THE  
POST OF **GROUP 'D' (PE)** UNDER  
LOCAL ADMINISTRATION 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) : \_\_\_\_\_
- 10) Educational and other qualifications : 1. \_\_\_\_\_  
As prescribed in the advertisement 2. \_\_\_\_\_  
(attach self attested photocopy of the 3. \_\_\_\_\_  
supporting document) 4. \_\_\_\_\_
- 11) Experience, if any(attach self attested  
photocopy of the supporting document) : \_\_\_\_\_
- 12) Whether the candidate possessed : YES/NO  
Working knowledge of Mizo language  
at least Middle School standard?

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. \_\_\_\_\_

14) Whether or not the candidate is a person With benchmarked disability as defined under section 2(r) of RPwD Act, 2016?]

: YES/NO

15) 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) 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?

: \_\_\_\_\_

### DECLARATION

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 Also, all the benefits availed by me shall be summarily withdrawn.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