

APPLICATION FORM FOR THE RECRUITMENT TO THE  
POST OF **GROUP 'D'** 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 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 Also, all the benefits availed by me shall be summarily withdrawn.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)