

APPLICATION FORM FOR THE POST OF L.D.C. (P.E)  
UNDER DEPUTY COMMISSIONER'S OFFICE,  
LAWNGTLAI DISTRICT, LAWNGTLAI,

Passport size  
photo 2  
copies to be  
affixed

1. Name of candidate *(in capital letters)* : \_\_\_\_\_
2. Father's/Mother's Name : \_\_\_\_\_
3. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
4. Contact Number : \_\_\_\_\_
5. a) Address for correspondence : \_\_\_\_\_  
\_\_\_\_\_
- b) Phone Number : \_\_\_\_\_
6. Date of Birth *(attached self Photocopy of Birth Certificate or Aadhar )* : \_\_\_\_\_
7. Sex *(Male or Female)* : \_\_\_\_\_
8. Community i.e SC/ST/OBC *(attach self attested photocopy of the supporting document)* : \_\_\_\_\_
9. Education and other qualification as prescribed in the advertisement *(attach self attested photocopy of the supporting document)* :  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_
10. Experience, if any *(attach self attested photocopy of the supporting document)* : \_\_\_\_\_
11. Whether the candidate possessed working knowledge of Mizo language at least Middle School standard? : YES / NO

Contact No-

12. 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. \_\_\_\_\_

13. If Person with Disability (attach self attested photocopy of the supporting document) : YES/NO

**( Dilna diklo leh fello a awm a nih chuan keiman a mawh ka phur ang)**

( 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 law. Also, all the benefit availed by me shall be summarily withdrawn)

I rintlak,

Date : \_\_\_\_\_

Signature : ( \_\_\_\_\_ )

Place: \_\_\_\_\_

Hming : ( \_\_\_\_\_ )

**Note : 1.** He hna diltute hi kum 18 aia naupang lo leh form thelulh ni hnunung bera kum 37 aia upa lo an ni tur ani. Scheduled Tribe/Scheduled Caste tan kum 42 thleng nghaihnhathiam theih ani. Dilna hi Establishment Branch, Deputy Commissioner's Office, Lawngtlai District, Lawngtlai ah chauh thelulh tur a ni.

**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)

## DOCUMENTS TO BE ENCLOSED

1. Education Certificate
2. Tribal/Caste Certificate
3. Birth Certificate
4. Certificate of Diploma in Computer Application for LDC(P.E.)

Note: Self attested documents are accepted