



MIZORAM LOKAYUKTA

(Constituted under the Mizoram Lokayukta Act, 2014)

No. A.12031/1/2019-ML

Dated Aizawl, the 13th February, 2024

ADVERTISEMENT

A hnuaiia tarlan hna hi Mizoram Lokayukta hnuaiiah a ruak a, Application Form hi Mizoram Lokayukta Office, A/89, F.Kapsanga Building, Temple Square, Aizawl ah **ni 29.2.2024** thlengin office hun chhungin thehluh theih a ni.

- Hna hming : Group D (Provisional Employee)
Hnaruaak zat : 1 (Pakhat)
Hlawhbi : Rs. 11,990/-(Level-01)in the pay matrix.
Thiamna ngaite : 1. Class. VIII passed leh a chunglam
2. Mizo tawng middle school thleng zir leh thiam.
Kum bithliah : Kum 18-37 (ST/SC candidate tan chuan kum
5(5 years) dang thleng ngaihnhathiam an ni ang.
Application Fee : 50/-

Dilna form hi Mizoram Lokayukta website

<https://lokyukta.mizoram.gov.in/page/notification> ah download theih a ni e.

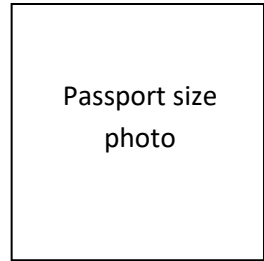
(ZAHMINGTHANGA RALTE)

Secretary

Mizoram Lokayukta



**APPLICATION FORM FOR RECRUITMENT OF
GROUP 'D' (PE)
UNDER MIZORAM LOKAYUKTA**



- 1) Name of Applicant : _____
(in capital letters)
- 2) Father's/Mother's Name : _____
- 3) Permanent Address : _____

- 4) (a) Address for correspondence : _____
(if different from Sl. No.3)

(b) Contact Number : _____
- 5) Date of Birth (attach self attested : _____
photocopy of the supporting document)
- 6) Sex (Male/Female) : _____
- 7) Community i.e SC/ST/OBC : _____
(attach self attested photocopy
of the supporting document)
- 8) Educational and other qualifications: 1. _____
(attach self attested photocopy of the 2. _____
supporting document) 3. _____
4. _____
5. _____
- 9) Experience, if any (attach self : _____
attested photocopy of the _____
supporting document)
- 10) Whether the candidate possessed : YES/NO
working knowledge of Mizo language
at least Middle School Standard?

11) Indicate the list of self attested : _____
documents enclosed with the _____
application _____

** Candidate should submit 3 copies of passport size photo along with application form*

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 punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Place : _____

Date : _____

(Signature of the candidate)

CERTIFICATE BY THE 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)