APPENDIX-I

APPLICATION FORM FOR RECRUITMENT TO POSTS OF VETERINARY FIELD ASSISTANT (VFA) UNDER A.H. & VETY DEPARTMENT GOVERNMENT OF MIZORAM

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 Aadhar)

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 as prescribed in the advertisement *(attach self attested photocopy of the supporting document)* :
1. _____
2. _____
3. _____
4. _____

11)	Experience, if any *((attach self attested photocopy of the supporting document)*	:	_____ _____
12)	Whether the candidate possessed working knowledge of Mizo language at least Middle School standard?	:	YES/NO
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)	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?]	:	_____

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 Also, all the benefits availed by me shall be summarily withdrawn.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

N

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)