

COMMON APPLICATION FORM FOR RECRUITMENT TO SERVICES/POSTS
UNDER THE GOVERNMENT OF MIZORM OUTSIDE THE PURVIEW OF
MIZORAM PUBLIC SERVICE COMMISSION

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 3. _____
of the supporting document) 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. _____

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 Also all the benefits availed by me shall be summarily withdrawn.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/Her character so far as known to me is good and I am not aware of any circumstances which show that he/she would be unsuitable for any appointment to any post if successful in the examination.

Date :

Signature : _____

Designation : _____
(Office Seal)