

APPLICATION FORM FOR THE POST OF DRIVER(REGULAR)
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 : 1. _____
qualification as prescribed 2. _____
in the advertisement 3. _____
(attach self attested photocopy of 4. _____
the supporting document)
10. Experience, if any *(attach self attested photocopy of the supporting document)* : _____
11. Whether the candidate possessed : YES / NO
working knowledge of Mizo
language at least Middle School
standard?

12. Indicate the list of self attested : 1. _____
Documents enclosed with the 2. _____
application (i.e Educational 3. _____
Certificate, ST Certificate, Birth 4. _____
Certificate etc) 5. _____

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

(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 Also, all the benefit availed by me shall be summarily withdrawn)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 thehluk ni hnukung bera kum 37 aia upa lo an ni tur ani. Scheduled Tribe/Scheduled Caste tan kum 42 thleng nghaihnathiam theih ani. Dilna hi Establishment Branch, Deputy Commissioner's Office, Lawngtlai District, Lawngtlai ah chauh thehluk tur a ni.

CERTIFICATE BY HEAD OF DEPARTMENT
(For use of Government Servants only)

Certified that Mr/Mrs/Miss _____ holds a temporary/permanent pist 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)