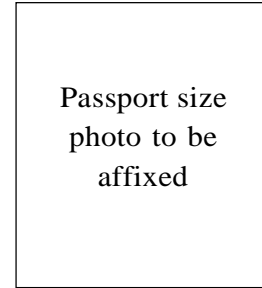


**APPLICATION FORM FOR RECRUITMENT TO THE POST OF LOWER
DIVISION CLERK (PROVISIONAL EMPLOYEE) UNDER SPORTS &
YOUTH SERVICES DEPARTMENT**



- 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 & 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 from HSLC onwards)* : 1. _____
2. _____
3. _____
- 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, Disability Certificate) : 1. _____
2. _____
3. _____
4. _____
5. _____
- 14) Whether or not the candidate is a person with benchmark disability as defined under section 2 (r) of RPwD Act, 2016? : YES / NO
- 15) If answer at Sl.No. 14) is YES, whether or not the candidate wanted to avail the service of a scribe for writing the examination ? : YES / NO
- 16) If answer at Sl.No. 15) is YES, whether or not the candidate will bring his/her own scribe OR utilize the services of a 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 Also, all the benefits availed by me shall be summarily withdrawn.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)