

Application Fee
Rs. 50/-

STATE PROJECT OFFICE
SAMAGRA SHIKSHA, MIZORAM

INSTRUCTIONS FOR FILLING APPLICATION FORM

Affix
Passport
Here

- Only attested copies of certificates and marksheets required should be submitted along with the application.
- Applications received after last date of submission of application fixed will not be entertained. Candidates should check their applications carefully and see that the application are duly signed and complete in all respects, including certificates to be attached.
- Incomplete application will summarily be rejected.
- Last date of submission **1.08.2025 (Friday) 4:00 p.m.**
- Walk-in Interview to be held on 22nd October, 2025 (Wednesday). Candidates should bring Voters ID/Aadhaar Card at the time of Walk-in Interview.

APPLICATION FORM

1. Post applied for
1. _____
2. _____
3. _____
2. Name (in block letter) : _____
3. Father's Name : _____
4. Mother's Name : _____
5. Sex (tick the appropriate box) : Male Female Others
6. Permanent Address : _____

7. Present Address (if any) : _____

8. Telephone/Mobile No. (Preferably two contact numbers): _____
9. Date of Birth (attach supporting documents): Date Month Year
10. Nationality : _____
11. Whether working knowledge of Mizo Language upto Middle School Standard is possessed or not (tick the appropriate box): Yes No

12. Educational Qualification (attach supporting documents):

Sl. No	Exam passed/training obtained	Year of Passing	Division /Class	Percentage of Marks obtained	Board or University University	Subject
1						
2						
3						
4						
5						
6						

13. Experience (if any) (attach supporting documents):

- a) _____
- b) _____
- c) _____

14. Present Post Held (if any): _____

15. Indicate enclosures:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____
- g) _____

DECLARATION

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Department if I am declared to be guilty of any falsification of statements/documents.

Place : _____

Date : _____

(Signature of the candidate)
(in full)