

**APPLICATION FOR RECRUITMENT OF
STATE PROGRAMME MANAGER / DISTRICT PROGRAMME MANAGER /
MULTI-TASKING STAFF UNDER FISHERIES DEPARTMENT**



- 1.) Name of 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 (attached 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.) Education and other qualifications : 1. _____
As prescribed in the advertisement 2. _____
(Attach self-attested photocopy of 3. _____
the supporting document) 4. _____
- 11.) Experience, if any (attach self-attested: _____
Photocopy of the supporting document) _____
- 12.) Whether the candidate possesses : YES/NO
working knowledge of Mizo language
at least Middle School standard?

- 13.) Indicate the list of self-attested : 1. _____
documents enclosed with the 2. _____
Application (i.e. Educational 3. _____
Certificate, ST Certificate, 4. _____
Birth Certificate, Employment 5. _____
Registration, etc.)

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 give by me is proved false/ not true, I will have to face punishment as per the law. Also, all the benefits availed by me shall be summarily withdraw)

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 Governemnt. 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)