

Attached 2 copies of  
passpost size photo

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF ADDITIONAL P. O.,  
MIS NODAL OFFICER, ACCOUNTS MANAGER & WORKS MANAGER (MGNREGS)  
ON CONTRACT BASIS UNDER RURAL DEVELOPMENT DEPARTMENT**

1. Name of Service/Post : \_\_\_\_\_
2. Name of candidate  
(in capital letter only) : \_\_\_\_\_
3. Father's /Mother's Name : \_\_\_\_\_
4. Permanent Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
5. Correspondence address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
6. Contact No. : \_\_\_\_\_
7. Date of birth (attached self-attested : \_\_\_\_\_  
Photocopy of Birth Certificate of : \_\_\_\_\_  
HSLC/Aadhaar Card)
8. Sex (Male/Female) : \_\_\_\_\_
9. Educational qualification :

Degree	Board	Division	Subject
HSLC			
HSSLC			
Graduation			
Post Graduation			
Any other			

10. Work Experience, if any (attach self-attested Photocopy of the supporting document) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Whether the candidate possessed Working knowledge of Mizo language At least Middle School standard ? : YES/NO
12. Indicate the list of self-attested documents Enclosed with the application (i.e., Educational Certificate, ST Certificate, Birth Certificate) : 1. \_\_\_\_\_  
 : 2. \_\_\_\_\_  
 : 3. \_\_\_\_\_

**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 Also, all the benefits availed by me shall be summarily withdrawn.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 applicant)

**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 would be unsuitable for any appointment to any post if successful in the examination.

Date :

Signature : \_\_\_\_\_

Designation : \_\_\_\_\_  
 (Official Seal)