

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF GROUP D
UNDER DIRECTORATE OF HOSPITAL & MEDICAL EDUCATION
(H & FW DEPARTMENT)**

Passport size
photo to be
affixed

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 : _____
photo copy of Birth Certificate)

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: 1. _____
prescribed in the advertisement (attach
self-attested photocopy of the supporting 2. _____
document) 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, Aadhaar, Voter's I.D.) :
1. _____
2. _____
3. _____
4. _____
5. _____

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 Also, all the benefits availed by me shall be summarily withdrawn.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

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 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)