

SAMAGRASHIKSHA, 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 **23th September 2026 (Wednesday), 5:00p.m.**
- Candidates should bring Original Documents & Voters ID/Aadhaar Card at the time of Interview.
- **No applicant is allowed to submit more than one application**
- **Duly Filled application form to be submitted to concerned District Project Office, Samagra Shiksha Mizoram.**

APPLICATION FORM

1. Post applied for & Name of School : _____
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
1					
2					
3					
4					
5					

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

- a) _____
b) _____
c) _____

14. Present Post Held (if any): _____

15. If reservation/relaxation is claimed by Person with Disability indicate which (please supporting documents):

- a) _____
b) _____

16. 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)