

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF GROUP 'D'
(PROVISIONAL EMPLOYEE) UNDER
HOME (PRISONS) DEPARTMENT, GOVT. OF MIZORAM**

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 Photocopy of Birth Certificate or HSLC or Aadhaar)
8. Sex (Male or Female) : _____
9. Community i.e. SC(ST/OBC (attach self Attested photocopy of the Supporting document) : _____
10. Educational and other : 1) _____
Qualifications as prescribed 2) _____
in the advertisement (attach 3) _____
self attested photocopy of 4) _____
the supporting documents.

11. Experience, if any (attach : _____
Self attested photocopy of
the supporting document)
12. Whether the candidate : YES / No
possessed 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, Birth Certificate, : 4. _____
Computer Certificate, Disability : 5. _____
Certificate etc.
14. Whether or not the candidate is a : YES / No
Person with benchmarked disability
as defined under section 2 (r) of RPwD
Act, 2016 ?
15. If the answer at Sl.No. (14) is YES, : YES / No
whether or not the candidate wanted
to avail the services of scribe for writing
the examination ?
16. If the answer at Sl. No. (15) is YES, : _____
Whether or not the candidate will bring
his / her own scribe OR utilize the
services of scribe provided by the
recruiting Department?

DECLARATION

I hereby declare that the information given before 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 Also, all the benefits availed by me shall be summarily withdrawn.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)