

**APPLICATION FOR RECRUITMENT OF GROUP 'D' IN THE OFFICE
OF THE DEPUTY COMMISSIONER, KHAWZAWL DISTRICT
UNDER GENERAL ADMINISTRATION DEPARTMENT**

**Passport
size photo
to be
affixed**

- 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 *(attach self-attested* : _____
Photocopy of Birth Certificate or
HSLC or Adhar)
- 8) Sex (Male or Female) : _____
- 9) Community i.e. SC/ST/OCB *(attach* : _____
attested photocopy of the
supporting document)
- 10) Educational 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)

Sl no	List of self-attested documents enclosed	Yes (✓)	No (X)
1.	Educational Marksheet & Certificate		
2.	Birth Certificate		
3.	ST Certificate		
4.	Voters ID		
5.	Employment Registration Card		
6.	Residential Certificate		

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 Also, all the benefits availed by me shall be summarily withdrawn.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