

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF LDC (REGULAR)
UNDER ACCOUNTS & TREASURIES, FINANCE DEPARTMENT**

Passport
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be affixed

1. Name of Post : _____
2. Name of Department : _____
3. Name of candidate : _____
(in capital letters)
4. Father's/Mother's Name : _____
5. Permanent Address : _____
6. a) Address for correspondence : _____
- b) Phone Number : _____
7. Date of Birth (attached self Photocopy of Birth Certificate or HSLC or Aadhar) : _____
8. Sex (Male or Female) : _____
9. Community i.e SC/ST/OBC (attach self attested photocopy of the supporting document) : _____
10. Education and other qualification as prescribed in the advertisement (attach self attested photocopy of the supporting document) :
 1. _____
 2. _____
 3. _____
 4. _____
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 etc) :
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
14. Whether or not the candidate is a person with benchmarked disability as defined under section 2(r) of RPwD Act, 2016? : YES/NO
15. If the answer at Sl. No. 14 is YES, whether or not the candidate wanted to avail the Services of scribe for writing the examination : YES/NO

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

(Dilna diklo leh fello a awm a nih chuan keiman a mawh ka phur ang)
(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 law. Also, all the benefit availed by me shall be summarily withdrawn)

I rintlak,

Date : _____ Signature: (_____)
Place: _____ Hming : (_____)

Note : . He hna diltute hi kum 18 aia naupang lo leh form thehluk ni hnuhung bera kum 35 aia upa lo an ni tur ani. Scheduled Tribe/Scheduled Caste tan kum 40 thleng nghaihnathiam theih ani. Dilna thehluk rual hian Exam Fee pek nghal tur a ni. Exam Fee pekna Receipt hmang hian Admit card pek chhuah leh tur a ni.

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 : _____
(Office Seal)