

No. No.A.13018/16(iv)/2021-GAD

GOVERNMENT OF MIZORAM

GENERAL ADMINISTRATION DEPARTMENT

Mizoram Secretariat, Mizoram New Capital Complex, Aizawl – 796001

Phone No.0389 – 2336033 & 2336010 / Fax No.0389 – 2336678 / email: gadmizoram@gmail.com

Aizawl, the 13th March, 2024

APPLICATION FORM

FOR THE POST OF GROUP ‘D’ ON PROVISIONAL EMPLOYEE BASIS

1. Name of Service/Post:

2. Name of Department:

3. Name (*hawrawppui in*):

4. Father’s/Mother’s Name:

5. Permanent Address:

6. (a) Address for correspondence:

(b) Phone number:

7. Date of Birth:

(*self-attested document*

thil tel tur a ni.)

8. Sex (Male/Female/Others):

9. Community i.e. SC/ST:

(*self-attested document*

thil tel tur a ni.)

10. Educational Qualification: _____
(self-attested document
thil tel tur a ni.)

11. Whether the candidate : YES/NO
possessed working knowledge
of Mizo language at least
Middle School standard

12. Indicate list of self-attested: 1. _____
Documents enclosed with the 2. _____
application. 3. _____
(self-attested documents thil 4. _____
tel ziah chhuah tur a ni.) 5. _____

Passport size photo copy hnih (2) thil tel tur ani.

DECLARATION

Dilna diklo leh fello a awm anih chuan keiman mawh ka phur ang

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

**Note: 1. He hna diltu te tana hriattur tul dang chu la in hriattir leh a ni ang.
2. Dilna hi ni 15.04.2024 (Thawhtanni) thleng office hunchhungin thehluh
theih a ni ang.**