

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF GROUP D
UNDER DIRECTORATE OF AYUSH, HEALTH & FAMILY WELFARE
DEPARTMENT**

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 : _____
- (c) Phone Number (optional in case of : _____
emergency)
- 7) Date of birth (attached self attested : _____
photo copy of Birth Certificate or
HSLC or Adhaar)
- 8) Sex (Male or Female) : _____
- 9) Community i.e. SC/ST/OBC : _____
(attached self attested photocopy
of the supporting document)
- 10) Educational and other qualifications : 1. _____
as prescribed in the advertisement
(attached self attested photocopy of : 2. _____
the supporting document)

3. _____

4. _____

11) Experience, If any(*attached 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) Employment Registration Number : _____

14) Indicate the list of self attested : 1. _____
Documents enclosed with the
Application (*i.e. Educational* 2. _____
Certificate, ST Certificate,
Birth Certificate, Employment 3. _____
Registration, etc.) 4. _____
5. _____

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 Also, all the benefits availed by me shall be summarily withdrawn.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