

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF
LDC (DIRECT) UNDER DIRECTORATE OF HIGHER &
TECHNICAL EDUCATION DEPARTMENT**

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affixed

G. Form No. _____

- 1) Name of Service/Post : **LDC-MHTC**
- 2) Name of Department : **Higher & Technical Education**
- 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 : _____
(Whatsapp 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 qualifications : 1. _____
As prescribed in the advertisement 2. _____
*(attach self-attested photocopy of the 3. _____
supporting document)*
- 11) Experience, if any (*attach self-attested*): _____
photocopy of the supporting document)

12) Whether the candidate possessed : YES/NO
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, ST Certificate, 4. _____
Birth Certificate) 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 Also, all the benefits availed by me shall be summarily withdrawn.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)