APPLICATION FORM FOR THE POST OF STATE CO-ORDINATOR UNDER UDID PROJECT FOR PERSONS WITH DISABILITIES

Rs	. 20/-				Passport size photo to be attached	
1.	Name of Applicant:					
2.	Father's/Mother's Name:					
3.	Permanent Address:					
4.	Contact No.:					
5.	(Call tlang theihna leh Whatsa number pahnih chu dah tûr a ni. Date of Birth:		number hran	anih chuan chiang t	aka ziakin	
6.	Gender:	Male	Female			
7.	Educational Qualification:					
8.	Mandatory Documents to be enclosed to support the application:					
	 i) Highest Educational Certification ii) Attested Copies of Tribal Certifii iii) Self attested photo copy of Eage. iv) Two copies of passport size property v) Work experience certificate (vi) Attested photocopy of computation 	tificate (for Solinth Certificate) Shotograph. government/n	C/ST applicant te/HSLC Certi on-governmen	ts) ficate/Aadhaar Card a t) if any.		
the	I hereby declare that the infost of my knowledge and believe as information given by me is prove. Also all the benefits availed by	and nothing haved false/not t	n and in the er as been concea rue, I will hav	aled therein. I underst re to face punishment	and that if	
Pla	ace:					
Da	te:			(Signature of appl	icant)	

*Last date for submission of application form is 3:00 PM, 20th December, 2021.

Syllabus for written examination of State Coordinator, UDID

Paper – I				
1. General English	40 marks			
2. General Knowledge	50 marks			
3. Precis Writing	10 marks			
Paper – II				
1. Aptitude Test	40 marks			
2. Subjects related to disabilities	40 marks			
Personal Interview	20 marks			
TOTAL	200marks			

^{*}Admit card lâkchhuah hun leh hemi chungchânga hriattirna chhuah tûr awm chu Department website (https://socialwelfare.mizoram.gov.in/) leh Directorate Notice Board-ah târlan a ni ang.