



**APPLICATION FOR RECRUITMENT OF GROUP 'D' IN THE OFFICE
OF SIALKAL RANGE DEVELOPMENT COUNCIL
UNDER GENERAL ADMINISTRATION DEPARTMENT**

**Passport size
photo to be affixed**

- 1) Name of 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 : _____
- 7) Date of birth (*attach self attested
Photocopy of Birth Certificate or
HSLC or Aadhar*) : _____
- 8) Sex (Male or Female) : _____
- 9) Community i.e. SC/ST/OCB : _____
*(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 3. _____
the supporting document) 4. _____
- 11) Experience, if any (*attach 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) Indicate the list of self attested : 1. _____
 documents enclosed with the 2. _____
 Application (*i.e. Educational* 3. _____
Certificate, ST Certificate, 4. _____
Birth Certificate, Employment 5. _____
Registration, etc.)

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 Also, all the benefits availed by me shall be summarily withdrawn.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/her character so far as known to me is good and I am not aware of any circumstances which show that he/she would be unsuitable for any appointment to any post if successful in the examination.

Date:

Signature : _____

Designation : _____

(Office Seal)