

**STATE PROJECT OFFICE
SAMAGRA SHIKSHA, MIZORAM**

**Affix
Passport
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INSTRUCTIONS FOR FILLING APPLICATION FORM

- Only attested copies of certificates and marksheets required should be submitted along with the application.
- Applications received after last date of submission of application fixed will not be entertained. Candidates should check their applications carefully and see that the application are duly signed and complete in all respects, including certificates to be attached.
- Incomplete application will summarily be rejected.
- Last date of submission **19.01.2024 (Friday) 4:00 p.m.**
- Accepted applicants will be displayed at State Project Office and Samagra website (<https://samagra.mizoram.gov.in>) on **30.01.2024**.
- Candidates should bring Voters ID/Aadhaar Card and Admit Card at the time of Written Examination.

APPLICATION FORM

1. Post applied for: _____
2. Name (in block letter): _____
3. Father's Name: _____
4. Mother's Name: _____
5. Sex (tick the appropriate box): Male Female Others
6. Permanent Address: _____

7. Present Address (if any): _____

8. Telephone/Mobile No. (Preferably two contact numbers): _____
9. Date of Birth (attach supporting documents): Date Month Year
10. Nationality: _____
11. Employment registration no.: _____
(attach supporting documents)
12. Whether working knowledge of Mizo Language upto Middle School Standard is possessed or not (tick the appropriate box): Yes
13. Educational Qualification (attach supporting documents):

Sl. No	Exam passed/training obtained	Year of Passing	Division /Class	Percentage of Marks obtained	Board or University University	Subject
1						
2						
3						
4						
5						
6						

14. Experience (if any) (attach supporting documents):

- a) _____
- b) _____
- c) _____

15. Present Post Held (if any): _____

16. If reservation/relaxation is claimed by Person with Disability indicate which (please supporting documents):

- a) _____
- b) _____

17. Indicate enclosures:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

DECLARATION

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Department if I am declared to be guilty of any falsification of statements/documents.

Place : _____

Date : _____

(Signature of the candidate)
(in full)

ADMIT CARD
Recruitment of Teachers under Samagra Shiksha, Mizoram

Post applied for : _____

Name : _____

Father's name : _____

Address : _____

Roll No : (To be filled by the Office)

Affix
Passport Size
Photo

Note:

- 1. Candidates should bring Admit Card at the time of written examination.
- 1. Candidates should bring Educational Qualification original documents at the time of interview.

Initials of Clerk receiving Application Fee