

APPLICATION FORM FOR THE RECRUITMENT TO THE
POST OF **SECTION ASSISTANT** UNDER
LOCAL ADMINISTRATION 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 : _____
- 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) 4. _____
- 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 documents enclosed with the application (*i.e. Educational Certificate, ST Certificate, Birth Certificate, etc.*)
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- 14) Whether or not the candidate is a person With benchmarked disability as defined under section 2(r) of RPwD Act, 2016? : YES/NO
- 15) If the answer at Sl. No. (14) is YES, whether or not the candidate wanted to avail the services of scribe for writing the examination? : YES/NO
- 16) If the answer at Sl. No. (15) is YES, whether or not the candidate will bring his/her own scribe OR utilize the services of scribe provided by the recruiting Department? : _____

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 Also, all the benefits availed by me shall be summarily withdrawn.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