

**COMMON APPLICATION FORM FOR RECRUITMENT TO SERVICE/POSTS UNDER
THE GOVERNMENT OF MIZORAM OUTSIDE THE PURVIEW OF
MIZORAM PUBLIC SERVICE COMMISSION**

Passport size
photo to be
affixed

1. Name of Service/Post : Inspector of Sanitation
2. Name of Department : Urban Development & Poverty Alleviation
3. Name of Candidate : _____
(in capital letter only)
4. Father's / Mother's Name : _____
5. Permanent Address : _____
(a) Address of Correspondence : _____
(b) Phone Number : _____
Date of Birth : _____
7. *(attach self-attested photocopy of Birth Certificate or HSLC or Aadhar)* : _____
8. Sex *(Male or Female)* : _____
Community i.e. : _____
9. SC/ST/OBC *(attach self attested photocopy of the supporting document)* : _____
Educational and other qualifications as prescribed in the advertisement *(attach self attested photocopy of the supporting documents)* :
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
11. Experience, if any *(attach self attested photocopy of the supporting document)* : _____
12. Whether the candidate possessed working knowledge of Mizo language at least Middle School Standard? : YES/NO
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. _____

Whether or not the candidate is a person with benchmarked disability as defined under section 2(r) of RPwD Act, 2016? : YES/NO

If the answer at Sl. No. 14 is YES, whether or not the candidate want to avail the services of scribe for writing the examination? : YES/NO

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 Also, all the benefits availed by me shall be summarily withdrawn.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