

Rs. 150/-

APPENDIX-I

APPLICATION FORM FOR RECRUITMENT OF GROUP 'D'
(PROVISIONAL EMPLOYEE) UNDER DEPUTY COMMISSIONER, CHAMPHAI

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 as prescribed in the advertisement (attach self attested photocopy of the supporting document) : 1. _____
2. _____
3. _____
4. _____
- 11) Experience, if any (attach self attested photocopy of the supporting document) : _____

- 12) Whether the candidate possesses working knowledge of Mizo language at least Middle School standard? : **YES/NO**
- 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 Also, all the benefits availed by me shall be summarily withdrawn.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/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)