APPLICATION FOR THE POST OF FORENSIC ATTENDANT (PE)
UNDER DIRECTORATE OF FORENSIC SCIENCE LABORATORY

Passport thlalak pakhat bel tur.

Passport thlalak pahnih dang ken tel tur.

1. Name of Post : Forensic Attendant (Provisional Employee)
2. Name of Department : Forensic Science Laboratory, Home 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 & 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 possessed 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 SI. 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?	:	_____

Signature of Applicant : _____

Full Name : _____

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 Also, all the benefits availed by me shall be summarily withdrawn.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