

**APPLICATION FORM FOR THE POST OF GROUP 'D' (P.E)
UNDER DEPUTY COMMISSIONER'S OFFICE,
LAWNGTLAI DISTRICT, LAWNGTLAI,**

Passport size
photo 2
copies to be
affixed

1. Name of Service/Post : _____
2. Name of Department : _____
3. Name of candidate : _____
(in capital letters)
4. Father's/Mother's Name : _____
5. Permanent Address : _____

6. a) Address for correspondence : _____

- b) Phone Number : _____
7. Date of Birth (attached self
Photocopy of Birth Certificate
or Aadhar) : _____
8. Sex (Male or Female) : _____
9. Community i.e SC/ST/OBC : _____
(attach self attested photocopy
of the supporting document)
10. Education and other : 1. _____
qualification as prescribed 2. _____
in the advertisement 3. _____
(attach self attested photocopy of 4. _____
the supporting document)
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 : 1. _____
Documents enclosed with the 2. _____
application (i.e Educational 3. _____
Certificate, ST Certificate, Birth 4. _____
Certificate etc) 5. _____
14. If Person with Disability (attach : YES/NO
self attested photocopy of the
supporting document)

(Dilna diklo leh fello a awm a nih chuan keiman a mawh ka phur ang)

(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 law. Also, all the benefit availed by me shall be summarily withdrawn)

I rintlak,

Date : _____

Signature : (_____)

Place: _____

Hming : (_____)

Note : 1. He hna diltute hi kum 18 aia naupang lo leh form thehluh ni hnuhnung bera kum 35 aia upa lo an ni tur ani. Scheduled Tribe/Scheduled Caste tan kum 40 thleng nghaihnathiam theih ani. Dilna hi Establishment Branch, Deputy Commissioner's Office, Lawngtlai District, Lawngtlai ah chauh thehluh tur a ni.

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)