

APPLICATION FORM FOR RECRUITMENT OF VARIOUS POSTS AT JORDAN CENTRE, SETHAWN UNDER SOCIAL WELFARE & TRIBAL AFFAIRS, SOCIAL WELFARE DEPARTMENT, GOVERNMENT OF MIZORAM

*The form shall be filled up in capital letters only.
Two(2) passport size photographs to be submitted.*



1. Name of Post (Hna dil hming)

2. Name of Candidate (Hming)

3. Father's Name/Mother's Name (Nu/Pa Hming)

4. Permanent Address:

Phone Number _____
5. Address for correspondence(If same as S/No.4 leave blank)

Phone Number: _____
6. Date of birth (attach self-attested photocopy of Birth Certificate or HSLC)

7. Sex (Male or Female): _____
8. Community i.e ST/SC.OBC (attach self-attested photocopy of document): _____
9. Educational and other qualifications as prescribed in advertisement (attach self attested photocopy of supporting document)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
10. Experience, if any (attach self-attested photocopy of supporting document)

11. Whether the candidate possessed working knowledge of Mizo language at least Middle School Standard?
Yes/No

12. Indicate the list of self-attested documents enclosed with the application (i.e Educational Certificate, ST Certificate, Birth Certificate etc.)

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

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 Also, all the benefits availed by me shall be summarily withdrawn.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