

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF LDC & GROUP 'D' UNDER
SPORTS & YOUTH SERVICES DEPARTMENT, GOVERNMENT OF MIZORAM.**

Passport size
2 copies

- 1) Name of 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/Mobile No. : _____
- 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 : 1. _____
as prescribed in the advertisement 2. _____
(attach self attested photocopy of 3. _____
the supporting document) 4. _____
- 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) Whether the candidate of LDC possessed : Yes/No
Diploma in computer Application/
Certificate in Computer Application from
Institution recognised by Mizoram State
Council of Technical Education (MSCTE)
(attach self attested photocopy of
the supporting document)

14) Whether the candidate of Person : Yes/No
with Disabilities possessed Disability
certificate issued by Competent
Authority (only for applicant of Person
with Disabilities).
(attach self attested photocopy
of the supporting document)

15) Indicate the list of self attested : 1. _____
documents enclosed with the 2. _____
application (*i.e. Education* 3. _____
Certificate, ST Certificate, 4. _____
Birth Certificate, etc.) 5. _____
6. _____

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 Also, all the benefits availed by me shall be summarily withdrawn.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