

**APPENDIX - I**

**COMMON APPLICATION FORM FOR RECRUITMENT TO SERVICES/ POSTS  
UNDER THE GOVERNMENT OF MIZORAM OUTSIDE THE PURVIEW OF MIZORAM  
PUBLIC SERVICE COMMISSION.**



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 & other qualifications : 1. \_\_\_\_\_  
as prescribed in the advertisement 2. \_\_\_\_\_  
(attach self-attested photocopy 3. \_\_\_\_\_  
of the supporting document) 4. \_\_\_\_\_
11. Experience, if any : \_\_\_\_\_  
(attach self-attested photocopy  
of the supporting document)
12. Whether the candidate : YES/NO  
possessed working knowledge  
of MIZO language at least  
Middle School standard?
13. Employment Registration Number : \_\_\_\_\_
14. Whether or not the candidate is a : YES/NO  
Person with bench marked  
disability as defined under section  
2(r) of RPwD Act, 2016?.
15. If the answer at Sl No 14 is YES, : YES/NO  
whether or not the candidate  
wanted to avail the services of  
scribe for writing the examination?
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.
17. Indicate the list of self : 1. \_\_\_\_\_  
attested documents enclosed 2. \_\_\_\_\_  
with the application 3. \_\_\_\_\_  
( i.e. Educational Certificate, 4. \_\_\_\_\_  
ST Certificate, Birth Certificate, 5. \_\_\_\_\_  
Employment Registration Card,  
Aadhaar)

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 Also, all the benefits availed by me shall be summarily withdrawn.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