

**MIZORAM SUBORDINATE SERVICES SELECTION BOARD**  
**MIZORAM SECRETARIAT, MINECO ANNEXURE BUILDING, BASEMENT-IV**  
**MIZORAM: AIZAWL-796001**

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- 1) Name of Service/Post : \_\_\_\_\_
- 2) Name of candidate : \_\_\_\_\_  
*(in capital letters only)*
- 3) Father's/Mother's name : \_\_\_\_\_
- 4) Permanent address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) (a) Address for : \_\_\_\_\_  
correspondence \_\_\_\_\_  
\_\_\_\_\_
- (b) Phone number : \_\_\_\_\_
- 6) Date of birth : \_\_\_\_\_  
*(attached self attested  
photocopy of Birth  
Certificate or HSLC)*
- 7) Sex (*Male or Female*) : \_\_\_\_\_
- 8) Community i.e. : \_\_\_\_\_  
*SC/ST/OBC (attach self  
Attested photocopy of the  
supporting document)*

- 9) Educational and other Qualifications as prescribed in the advertisement (*attach self attested photocopy of the supporting document*). 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_
- 10) Experience, if any : \_\_\_\_\_  
*(attach self attested photocopy of the 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.*) 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_
- 13) Whether or not the candidate is a person with benchmarked disability as defined under section 2(r) of RPwD Act, 2016 ? : YES/NO
- 14) If the answer at Sl.No. (13) is YES, whether or not the candidate wanted to avail the Services of scribe for writing the examination? : YES/NO
- 15) If the answer at Sl.No. (14) is YES, whether or not the candidate will bring his/her own scribe OR utilize the services of scribe provided by the Board? : \_\_\_\_\_

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 Also, all the benefits availed by me shall be summarily withdrawn.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