

**COMMON APPLICATION FORM FOR LIMITED DEPARTMENTAL EXAMINATION FOR
PROMOTION TO SERVICES / POSTS CONDUCTED BY
MIZORAM SUBORDINATE SERVICES SELECTION BOARD UNDER
GOVERNMENT OF MIZORAM**

Recent
passport size
photograph
to be pasted

1) Name of candidate : _____
(in capital letters only as
recorded in Service Book/ Service Card)

2) Father's/Mother's name : _____

3) Date of Birth : _____
(as per service Book/Service Card)

4) Name of Services/Post : _____
to which applied

5) Name of Department/ : _____
Office presently posted

6) (a) Permanent address : _____

(b) Address for : _____
correspondence _____

(c) Phone number : _____

7) Date of joining the feeder: _____

post/grade on regular basis
(attach self attested photocopy
Of the supporting document)

8) Educational and other : _____

certificate if the relevant
recruitment rule/service
rule prescribe such
qualification other than _____

length of qualifying
service in the feeder grade/
post (attach self attested
photocopy of the supporting
document)

9) Whether or not the : _____

candidate is a Person
with benchmarked
disability? (YES/NO)

10) If the answer at Sl.No.9: _____

is YES, whether or not
the candidate wanted to
avail the service of Scribe
for writing the examination?
(YES/NO)

11) If the answer at Sl.No.10: _____

is YES, whether or not the
candidate will bring his/her
own Scribe OR utilize the
service 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 behalf 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 Also, all the benefits availed by me shall be summarily withdrawn.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

Certified that Mr / Mrs / Miss _____
holds a temporary / permanent post under the State Government and has been holding the feeder post / grade on regular basis since _____. 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 limited departmental examination.

Date:

Signature : _____

Designation : _____

(Office Seal)