

**APPLICATION FORM FOR DEPARTMENTAL EXAMINATION 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) Designation : \_\_\_\_\_

4) Name of Department/ : \_\_\_\_\_  
Office presently posted

5) (a) Permanent address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(b) Address for : \_\_\_\_\_

correspondence \_\_\_\_\_

\_\_\_\_\_

(c) Phone number : \_\_\_\_\_

6) Date of joining the feeder: \_\_\_\_\_  
post/grade on regular basis

7) Paper to appear : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Paper already cleared : \_\_\_\_\_  
\_\_\_\_\_

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 Also, all the benefits availed by me shall be summarily withdrawn.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

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*(for MSSSB office use only)*

Whether Examination fee is paid:      YES / No