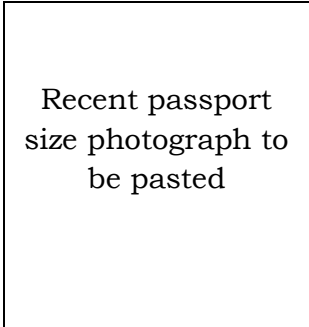


**COMMON APPLICATION FORM FOR LIMITED DEPARTMENTAL EXAMINATION
FOR PROMOTION TO SERVICES/POSTS CONDUCTED BY MIZORAM PUBLIC
SERVICE COMMISSION/MIZORAM SUBORDINATE SERVICES SELECTION
BOARD/DEPARTMENTAL PROMOTION COMMITTEE UNDER
THE GOVERNMENT OF MIZORAM**



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

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

- 3) Name of Service/Post to which applied : _____

- 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 (*attach self attested photocopy of the supporting document*) : _____
- 7) Educational and other Certificate if the relevant recruitment rules/service rules prescribed such qualifications other than length of qualifying service in the feeder grade/post (*attach self attested photocopy of the supporting document*) : 1. _____
2. _____
3. _____
- 8) Whether or not the candidate is a Person with benchmarked disability? (YES/NO) : _____
- 9) If the answer at Sl. No. 8 is YES, whether or not the candidate wanted to avail the services of Scribe for writing the examination? (YES/NO) : _____
- 10) If the answer at Sl. No. 9 is YES, whether or not the candidate will bring his/her own Scribe OR utilize the services of Scribe provided by the Commission/Board/DPC? : _____

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 Also, all the benefits availed by me shall be summarily withdrawn.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

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)