

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF GROUP 'D' UNDER
DIRECTORATE OF HEALTH SERVICES,
HEALTH & FAMILY WELFARE DEPARTMENT**

Passport size
photo to be
affixed

(2 copies)

- 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 : _____
- 10) Educational and other : _____
qualifications as prescribed in the : _____
advertisement : _____
*(attach self-attested photocopy : _____
of the supporting document)*
- 11) Experience, if any : _____
*(attach self-attested photocopy : _____
of the supporting document)*

12) Whether the candidate : YES/NO
possesses working knowledge
of Mizo language at least
Middle School standard?

13) Indicate the list of self-attested : 1. _____
documents enclosed with the : 2. _____
application : 3. _____
(i.e. Educational Certificate, : 4. _____
ST Certificate, Birth Certificate, : 5. _____
etc.)

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 Also, all the benefits availed by me shall be summarily withdrawn.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