

**COMMON APPLICATION FORM FOR RECRUITMENT TO SERVICE/POSTS UNDER  
THE GOVERNMENT OF MIZORAM OUTSIDE THE PURVIEW OF  
MIZORAM PUBLIC SERVICE COMMISSION**

Passport size  
photo to be  
affixed

1. Name of Service/Post : Inspector of Sanitation
2. Name of Department : Urban Development & Poverty Alleviation
3. Name of Candidate : \_\_\_\_\_  
(in capital letter only)
4. Father's / Mother's Name : \_\_\_\_\_
5. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
6. (a) Address of Correspondence : \_\_\_\_\_  
\_\_\_\_\_
- (b) Phone Number : \_\_\_\_\_
7. Date of Birth : \_\_\_\_\_  
(attach self-attested  
photocopy of Birth Certificate  
or HSLC or Aadhar)
8. Sex (Male or Female) : \_\_\_\_\_
9. Community i.e. : \_\_\_\_\_  
SC/ST/OBC (attach self  
attested photocopy of the  
supporting document)
10. Educational and other : 1. \_\_\_\_\_  
qualifications as prescribed in 2. \_\_\_\_\_  
the advertisement (attach self 3. \_\_\_\_\_  
attested photocopy of the 4. \_\_\_\_\_  
supporting documents) 5. \_\_\_\_\_
11. Experience, if any (attach self : \_\_\_\_\_  
attested photocopy of the  
supporting document)
12. Whether the candidate : YES/NO  
possessed working knowledge  
of Mizo language at least  
Middle School Standard?
13. Indicate the list of self : 1. \_\_\_\_\_  
attested documents enclosed 2. \_\_\_\_\_  
with the application (i.e. 3. \_\_\_\_\_  
Educational Certificate, ST 4. \_\_\_\_\_  
Certificate, Birth Certificate, 5. \_\_\_\_\_  
etc.)

14. Whether or not the candidate : YES/NO  
is a person with benchmarked  
disability as defined under  
section 2(r) of RPwD Act,  
2016?
15. If the answer at Sl. No. 14 is : YES/NO  
YES, whether or not the  
candidate want to avail the  
services of scribe for writing  
the examination?
16. If the answer at Sl. No. 15 is : \_\_\_\_\_  
YES, whether or not the  
candidate will bring his/her  
own scribe OR utilize the  
services of scribe provided by  
the recruiting Department?

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 Also, all the benefits availed by me shall be summarily withdrawn.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