MIZORAM PUBLIC SERVICE COMMISSION
COMMON APPLICATION FORM FOR LIMITED DEPARTMENTAL EXAMINATION

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

2) Father’s/Mother’s name : __________________________________________

3) Sex (Male/Female) : __________________________________________

4) Name of Service/Post to which applied : ______________________

5) Name of Department/Office presently posted : ____________________

6) (a) Permanent address : ________________________________________
(b) Correspondence Address : ______________________________________
(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 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. _____________________________________________
   4. _____________________________________________

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 wants to avail the services 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 services of Scribe provided by the Commission? : ______________________
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 Also, all the benefits availed by me shall be summarily withdrawn.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)