

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 Also, all the benefits availed by me shall be summarily withdrawn.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