

**COMMON APPLICATION FORM FOR RECRUITMENT TO SERVICES/POSTS
UNDER ZORAM MEDICAL COLLEGE**



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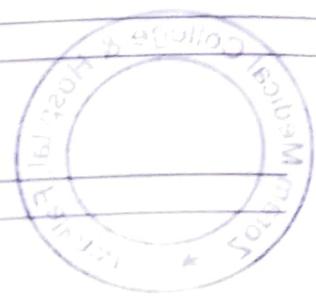
- 1) Name of Service/Post : _____
- 2) Name of Department : _____
- 3) Name of candidate : _____
(in capital letters only)
- 4) Father's/Mother's name : _____
- 5) Permanent address : _____

- 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 (attach self attested photocopy of the supporting document)

- 10) Educational and other qualifications as prescribed in the advertisement (*attach self attested photocopy of the supporting document*) : 1. _____
 2. _____
 3. _____
 4. _____
- 11) Experience, if any (*attach self attested photocopy of the supporting document*) : _____

- 12) Whether the candidate possessed working knowledge of Mizo language at least Middle School standard? : YES/NO
- 13) Indicate the list of self attested documents enclosed with the application (*i.e. Educational Certificate, ST Certificate, Birth Certificate, etc.*) : 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- 14) ⁸[Whether or not the candidate is a person with benchmarked disability as defined under section 2(r) of RPwD Act, 2016?] : YES/NO
- 15) ⁹[If the answer at Sl. No. (14) is YES, whether or not the candidate wanted to avail the services of scribe for writing the examination?] : YES/NO
- 16) ¹⁰[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?] : _____



⁸ Inserted by the Mizoram Direct Recruitment (Conduct of Examination) (Amendment) Guidelines, 2019 notified in the Mizoram Gazette extra ordinary issue No 618 dated 19/09/2019

⁹ Ibid
¹⁰ Ibid

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)