INSTRUCTIONS FOR FILLING UP OMR FORM

- Read instructions written on the OMR form carefully.
- Enter the required details in the provided boxes as below:

  1. **NAME**

     - Darken each bubble corresponding to the letters or numbers filled in the box in each column. For example, for the name JOHN SMITH, the first letter in the box is J, therefore, darken the bubble directly below that box with the letter J in it. Repeat this step for all the letters in the boxes. Please leave one blank space between first, middle and last names.

     - If any mistake is made in filling up the form, correction fluid/correction pen/white marker may be used in the boxes, but not in the bubbles.

     The required fields are as follows:

     1. **NAME** : Enter your name here. Example JOHN SMITH. If your name does not fit in the given boxes, shorten your name as deemed appropriate by you. Your full name may later be replaced if you are selected for appointment.

     2. **FATHER’S NAME** : Enter your father’s name or guardian’s name here, whichever is applicable.

     3. **NAME OF POST** : Write the name of the post you are applying for. Example:
4. **CONTACT NO.** : Enter your 10 digit mobile number and darken the appropriate boxes as per the instructions given above. **Make sure to enter a number that is in service that can receive calls and SMS.** There have been instances where candidates cannot be contacted due to their phones not being recharged. The college will not be responsible if a candidate misses any important information due to their phone not being in service. For example, if the phone number is 9876543210, enter it as below:

5. **DATE OF BIRTH** : Enter your date of birth in the format DDMMYYYY (Date-Month-Year). For example, if your date of birth is 12\textsuperscript{th} March, 1994, enter 12031994 and darken the appropriate bubbles as below:

6. **QUALIFICATION** : Darken the bubble next to your corresponding qualification, Under Matriculation, HSLC, HSSLC Diploma, Graduate or Post Graduate. For any other certificate courses such as RNM, Certificate in MLT etc. please select Diploma.
7. **COMMUNITY**: Darken the bubble next to the community you belong to, Scheduled Tribe (ST), Scheduled Caste (SC), Other Backward Class (OBC) or General.

8. **ADDRESS FOR COMMUNICATION**: Enter your preferred address for communication here. This may either be your permanent address or present address (if it is different). However, it must be an address where you can receive postal letters. Each address block should be separated by a space. Dot (.), hyphen (-), underscore (_) and at the rate (@) may be used. For Example, the address D-61, Khatla, Aizawl may be entered as below:
After you have successfully filled up all the fields and darken the appropriate boxes, carefully read the Declaration and if you agree to the terms, sign it in the given space with the date and place.

**DECLARATION**

I hereby declare that the information given in this application form 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. The required documents as per the advertisement will be submitted by me in original if I am selected for interview. My candidacy will be void and cancelled if I am not able to produce the required documents.

DATE: 23rd JAN, 2020
PLACE: Abc

Signature of Candidate

Those candidates who are being employed by any state or central government may apply through proper channel. They should also obtain the signature with seal of their Head of Department in the provided space.

**CERTIFICATE BY HEAD OF DEPARTMENT**

(For Government Servants only)

Certified that Mr/Mrs/Miss [Name] holds a temporary/permanent post under the Central/State Government. His/Her character so far as known to me is good and I am unaware of any circumstances which show that he/she would be unsuitable for any appointment to any post if successful in the examination.

Date:

Signature: ____________________

Designation: (Office Seal)

• DO NOT FOLD THE OMR SHEET.
• DO NOT MAKE ANY STRAY MARKS ON THE SHEET.
• IF THE SHEET IS DAMAGED OR ANY MISTAKE IS MADE IN FILLING UP OF THE FORM, A NEW FORM MAY BE OBTAINED ON PAYMENT OF Rs. 50/- (RUPEES FIFTY ONLY) BY PROVIDING THE ORIGINAL RECEIPT AND THE OLD FORM.