GOVERNMENT OF MIZORAM OFFICE OF THE CHIEF MEDICAL OFFICER, LUNGLEI DISTRICT LUNGLEI

APPLICATION FORM

Application for the post of Data Entry Operator

(to be filled in block letters)

1.	Name of Applicant :			
2.	Father's/Mother's/Husband's Name:			
3.	Date of Birth:	4.	Sex : Male/Female	
5.	Marital Status : Married/Unmarried	6.	Nationality:	
	Category: General/ST/SC/BC-I/BC-II (attach s Caste Certificate issued in case of Reserved Category		ted photocopy of the Schedule	d Tribe
8.	Permanent Address:			
9.	Address for Communication (if differs from above	2)		
10.	Aadhaar Number:		Mobile Number:	

Sl. No.	Examination passed (starting from HSLC onwards)	Board/University/Institu	te Year o Passing				
	(Starting Hom Hope Onwards)		1 4331113	5 Tercentage			
O	ther information (if any):						
т.							
Li	st of attachments (please specify):	2.					
		4.					
		6.					
		8.					
		10.					
	I,		that the informati				
tru	ue to the best of my knowledge. I also for	ully understand that if at any stag	ge, any attempt to	willfully conce			
sre	presentation of facts on my part is f	ound, my candidature will liab	ole to be summa	rily rejected or			
plo	yment may be cancelled.						
ice		Ciana	Signature of Candidate				

Date: