

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF LDC
UNDER DIRECTORATE OF AYUSH, HEALTH & FAMILY
WELFARE DEPARTMENT**

Passport size
photo to be
affixed

- 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 : _____
- (c) Phone Number (Optional in case of emergency) : _____
- 7) Date of birth(attached self attested photo copy of Birth Certificate or HSLC or Adhaar) : _____
- 8) Sex (Male or Female) : _____
- 9) Community i.e. SC/ST/OBC (attached self attested photocopy of the supporting document) : _____
- 10) Educational and other qualifications as prescribed in the advertisement (attached self attested photocopy of the supporting document) : 1. _____
2. _____
3. _____
4. _____

11) Experience, If any(attached self attested : _____
photocopy of the supporting document) _____

12) Whether the candidate possesses : YES/NO
working knowledge of Mizo language
at least Middle School Standard?

13) Employment Registration Number : _____

14) Indicate the list of self attested : 1. _____
Documents enclosed with the 2. _____
Application (i.e. Educational 3. _____
Certificate, ST Certificate, 4. _____
Birth Certificate, Employment 5. _____
Registration, etc.)

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 Also, all the benefits availed by me shall be summarily withdrawn.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