# APPLICATION FORM FOR RECRUITMENT TO THE POST OF DRIVER UNDER THE OFFICE OF THE PRINCIPAL DIRECTOR, 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)

1. Date of birth *(attached self attested* :

*photo copy of Birth Certificate or HSLC or Adhaar)*

1. Sex (Male or Female) :
2. Community i.e. SC/ST/OBC : (*attached self attested photocopy*

*of the supporting document*)

1. Educational and driving licence : 1. as prescribed in the advertisement

(*attached self attested photocopy of* 2.

*the supporting document)*

3.

4.

1. Experience, If any(*attached self attested* :

*photocopy of the supporting document)*

1. Whether the candidate possesses : YES/NO working knowledge of Mizo language

at least Middle School Standard?

1. Employment Registration Number :
2. Indicate the list of self attested : 1. Documents enclosed with the

Application (*i.e. Educational* 2.

*Certificate, ST Certificate, Driving licence,*

*Birth Certificate, Employment* 3.

*Registration, etc.)*

4. \_

5. \_

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 Also, all the benefits availed by me shall be summarily withdrawn.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