APPLICATION FORM FOR RECRUITMENT TO THE POST OF HORTICULTURE DEMONSTRATOR UNDER HORTICULTURE DEPARTMENT

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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	:
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.

(attach self attested	Mino:	Life and	
Photocopy of supporting Document)	Fide L	MEASURE STREET	/00°
12) Whether the candidate studied Mizo subject in Class-X standard (HSLC) or above	: YES/NO		
or who opted for Mizo subject as MIL out it			
Mizoram. If 'NO' a candidate must achieve a minimum score in qualifying test of Mizo Language	ates	**	
Proficiency as prescribed by the government from time to time. 13) Indicate the list of self	,		
attested documents enclosed with the application (i.e	: 1	, pal	
educational Ceritficate, ST certificate, Birth Certificate, etc.)	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	87	
(14) is YES, whether or not the candidate wanted to Avail the services of scribe For writing the examination or	: YES/NO		
(15) is YES, whether or not the candidate will bring his/her own scribe OP			
the services of scribe provided by the recruiting Department ?] *Inserted by the Mizoram Direct Recruitment Mizoram Gazette extra	·	along An Aun	bidisceres comments

⁸ Inserted by the Mizoram Direct Recruitment (Conduct of Examination) (Amendment) Guidelines, 2019 notified in the 10 lbid.

9 lbid.
10 lbid.

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 Also, all benefits availed by me shall be summarily withdrawn.

Place:

(Signature of 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 circumstance	
any appointment to any post if successful in the ex	
Date :	
Date .	Signature :
	Designation:
(Offic	ce Seal)