

**STATE PROJECT OFFICE  
SAMAGRA SHIKSHA, MIZORAM**

***Affix  
Passport  
Here***

**INSTRUCTIONS FOR FILLING APPLICATION FORM**

- Only attested copies of certificates and marksheets required should be submitted along with the application.
- Applications received after last date of submission of application fixed will not be entertained. Candidates should check their applications carefully and see that the application are duly signed and complete in all respects, including certificates to be attached.
- Incomplete application will summarily be rejected.
- Last date of submission 6.01.2023 (Friday) 4:00 p.m.
- Accepted applicants will be displayed at State Project Office and Samagra website (www.samagra.mizoram.gov.in) on 19.01.2023.
- Candidates should bring Voters ID/Aadhaar Card at the time of Interview.

**APPLICATION FORM**

1. Post applied for: \_\_\_\_\_
2. Name (in block letter): \_\_\_\_\_
3. Father's Name: \_\_\_\_\_
4. Mother's Name: \_\_\_\_\_
5. Sex (tick the appropriate box):  Male  Female
6. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Present Address (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Telephone/Mobile No. (Preferably two contact numbers): \_\_\_\_\_
9. Date of Birth (attach supporting documents):      Date       Month       Year
10. Nationality: \_\_\_\_\_
11. Employment registration no.: \_\_\_\_\_  
(attach supporting documents)
12. Whether working knowledge of Mizo Language upto Middle School Standard is possessed or not (tick the appropriate box):      Yes       No

13. Educational Qualification (attach supporting documents):

Sl. No	Exam passed/training obtained	Year of Passing	Division /Class	Percentage of Marks obtained	Board or University	Subject
1						
2						
3						
4						
5						
6						

14. Experience (if any) (attach supporting documents):

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

15. Present Post Held (if any): \_\_\_\_\_

16. If reservation/relaxation is claimed by Person with Disability indicate which (please supporting documents):

- a) \_\_\_\_\_
- b) \_\_\_\_\_

17. Indicate enclosures:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_
- f) \_\_\_\_\_

**DECLARATION**

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Department if I am declared to be guilty of any falsification of statements/documents.

Place:

Date:

(Signature of the candidate)  
(in full)

Initials of Clerk receiving Application Fee  
With Receipt No.....