

**APPLICATION FORM FOR RECRUITMENT TO GROUP C (Regular) UNDER  
MIZORAM STATE LEGAL SERVICE AUTHORITY**

Passport size photo  
to be affixed

1) Name of Post : \_\_\_\_\_

2) Name of Department: \_\_\_\_\_

3) Name of Candidate : \_\_\_\_\_

4) Father's/Mother's Name: \_\_\_\_\_

5) Permanent Address :  
\_\_\_\_\_  
\_\_\_\_\_

6) (a)Address for correspondence :  
\_\_\_\_\_  
\_\_\_\_\_

(b)Phone Number(2 nos): \_\_\_\_\_

7) Date of birth :  
*(attach self-attested photocopy of Birth Certificate or HSLC or Adhaar)*

8) Sex (Male or Female) : \_\_\_\_\_

9) Community i.e. :  
SC/ST/OBC (attach self-attested photocopy of the supporting document)

Contd.../2

10) Educational and other qualifications as prescribed in the advertisement (*attach self attested photocopy of the supporting document*) :

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

11) Experience, if any (*attach self-attested Photocopy of the supporting document*) :

\_\_\_\_\_

12) Whether the candidate Possessed working Knowledge of Mizo Language at least Middle School Standard? :

YES/NO

13) Indicate the list of self attested documents enclosed with the application(*i.e Educational Certificate, ST Certificate, Birth Certificate, Etc.*) :

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

14) <sup>8</sup> [Whether or not the candidate is a person with benchmarked disability as defined under section 2(r) of RPwD Act,2016 ] :

YES/NO

15) <sup>9</sup> [If the answer at Sl No. (15) is YES, whether or not the candidate wanted to avail the services of scribe for writing the examination? ] :

YES/NO

16) <sup>10</sup> [If the answer at Sl No. : (15) is YES, whether the candidate will bring his/her own scribe OR utilize the services of scribe provided by the recruiting Department? ]

\_\_\_\_\_

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 Also, all the benefits availed by me shall be summarily withdrawn.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

## Preference Form

(ADR Centres & DLSAs – Mizoram)

**Name of Applicant:** \_\_\_\_\_  
**Father's / Mother's Name:** \_\_\_\_\_

I hereby submit my preferences for posting in ADR Centres / DLSAs under the Mizoram State Legal Services Authority.

| <b>Preference No.</b> | <b>Location</b>     | <b>Write Preference/Priority No. in figure.(Inside the box below) For example ADR Centre, Aizawl 1, DLSA Lunglei 2, DLSA Siaha 3.</b> |
|-----------------------|---------------------|---|
| 1                     | ADR Centre, Aizawl  | <input type="text"/>  |
| 2                     | ADR Centre, Lunglei | <input type="text"/>  |
| 3                     | DLSA, Aizawl        | <input type="text"/>  |
| 4                     | DLSA, Lunglei       | <input type="text"/>  |
| 5                     | DLSA, Champhai      | <input type="text"/>  |
| 6                     | DLSA, Mamit         | <input type="text"/>  |
| 7                     | DLSA, Kolasib       | <input type="text"/>  |
| 8                     | DLSA, Serchhip      | <input type="text"/>  |
| 9                     | DLSA, Lawngtlai     | <input type="text"/>  |
| 10                    | DLSA, Siaha         | <input type="text"/>  |

## Declaration

I hereby declare that the above preferences are submitted by me willingly and that I shall abide by the posting order issued by the competent authority.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_