



NAGALAND STATE LEGAL SERVICES AUTHORITY
D.C Office Compound, KDPA Building, Top Floor,
Kohima - 797001

Annexure-I

APPLICATION FORM

STATE _____

NAME OF THE DISTRICT APPLIED FOR _____

Application No _____

(For Office use only)

APPLICATION FORM FOR THE POST OF DRIVER

1. Applicant's Name : _____

2. Father/ Husband's Name : _____

3. Date of Birth : _____

4. Age (as on 30th April, 2026) : _____

5. Gender (M/F) : _____

6. Permanent Residential Address : _____

7. Present Address (if any) : _____

8. Mobile Number : _____



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9. PAN No. : _____
10. AADHAR No. : _____
11. Driving License card No. : _____

12. Educational Qualification (Please enclose self-attested copies of documents)

Course	Name of School/Board	Year of Passing	Obtained percentage (aggregate)
Any Other (if any)			

13. Driving Experience (if any) : _____

14. Whether any disciplinary case/ complaint is/ was against the applicant in any court of district or state : _____

(if yes, specify details of both disposed and pending with documents)

15. List of documents to be attached:

- i. Self attested copy of certificated in support of educational qualification
- ii. Self-Attested copy of photo ID card, AADHAR card and PAN card.
- iii. Self-Attested copy of ST/Indigenous
- iv. Self-Attested copy of Driving License
- v. Self-Attested copy of Birth Certificate
- vi. Self-Attested copy of Residential Certificate

(SIGNATURE)



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DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect at any stage, my candidature is liable to be cancelled. I have read and understood the instructions and terms of the engagement and agree to abide by those. I declare that I fulfil the eligibility conditions for the category to which I am seeking engagement. I also undertake to maintain absolute integrity and discipline as required thereunder. I agree with the remuneration structure and all the terms and conditions notified by NALSA concerned.

Place: _____

Date: _____

(SIGNATURE)