

EMPLOYMENT EXCHANGE DEPARTMENT GOVERNMENT OF MIZORAM

Application form for Employment Registration

Note: All **asterisk** * are mandatory to fill

| 1. | 1. Name of Applicant * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. | Date (| of B | irth | * | | | | | | | Age | * | | | Ge | Gender* Male Marital Status S | | | | | | | ∃ Si | ngl | e | | | | | |
| | | | | | | | | | | | | | | | | | [| | Fe | mal | e | | | | | | | _ | _ | ried |
| 3. | Phone | e No | ٠. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Emai | l | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Fathe | r's] | Nam | ıe * | : | | | | | | | | | | | | | | | | | | | | | _ | | | | |
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| 6. | 6. Mother's Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. | 7. Spouse's Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8. | 8. Tribe* Mizo Non-Mizo Community* Rural Urban | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Religi | ion* | | Ch | rist | ianit | у [| F | Iind | uisn | 1 [| | lam | | B | udd | hisn | n [| \square S | ikhi | sm | | Jai | nisn | ı 🗆 | Ot | her | S | | |
| 10 | Caste | * | | ST | |]SC | Г | $\exists c$ | ВС | | G | EN | | 0 | ther | S | | | | | | | | | | | | | | |
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| 11. | Perm | anei | nt A | aaı | ress | ^ | | | | | | | | | | | sent ent ad | | | | ıs peri | man | ent ac | ldress | addr | ess): | Yes | | No | |
| Н | ouse N | lo. | | | | | | | | | | | | | | | ouse | | | | Ť | | | | | Í | | | | |
| Lo | ocatio | 1 | | | | | | | | | | | | | | Lo | ocati | on | | | | | | | | | | | | |
| D | istrict | | | | | | | | | | | - | | | | D: | stric | nt. | | _ | | | | | | | | | | |
| _ | lock | | | | | | | | | | | | | | | | ock | | | | | | | | | | | | | |
| _ | olice S | tatio | n | | | | | | | | | | | | | | lice | | atio | 1 | | | | | | | | | | |
| | ost Of | | | | | | | | | | | | | | | | st C | | | | | | | | | | | | | |
| | n Cod | | | | | | | | | | | | | | | | n Co | | | | | | | | | | | | | |
| 12 | Quali | fice | tion | a * | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Quali | iica | uvii | • | | | | | | | | | | | | | | | | | 1 | Di- | isio | n/ | 17 | ear (| of | \mathcal{C} | our | 200 |
| H | ighest | Qua | ılific | ati | on |] | Nan | ne c | of Bo | oard | /Ur | nive | rsity | y | | | Maj | or/(| Core | e | 1 | | asio rade | | | ear (assir | | | our rati | |
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| 13. | Other | Qua | ılific | ati | ons | (HS | SLC | on | ward | ds) | | | | | | | | | | | | | | | | | | | | |
| | Fv | am ' | Pacc | | | 7 | Nan | ne c | of Bo | ard | / []r | ive | rgity | J | | | Maj | or/C | ر ا | ۵ | I | | isio | | | ear (| | | our | |
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| Name of Establishment | | | | Designation/ Nature of work | | | | | I | Duration from | | | Duration to | | | Total Emolument (in Rs.) | | | | Reason for leaving | | | | | | | |
|---|--|--|--|--------------------------------|--|--|--|--|-----|------------------|------|-------|----------------|--|--|--------------------------|---|--|------|--------------------|------|-----|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Extra Details lace willing to work District willing to work | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ıguaş | | | | | | | | | Lan | guag | ge W | /rite | ; | | | | δ | | Lang | | e sp | eak | | | | | |
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| Registration Status | | | | | | | | | | | | |
|----------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|
| | Active In-Active | | | | | | | | | | | |
| Date of last renewal | | | | | | | | | | | | |
| | | | | | | | | | | | | |

15. HANDICAPPED details

| Blind | Details of medical findings |
|-------------------------|-----------------------------|
| Deaf & Dumb | |
| Orthopaedics | |
| Respiratory Disorders | |
| Negative Leprosy Person | |
| Others | |

| | d | d | m | m | У | У | У | У |
|--------|---|---|---|---|---|---|---|---|
| Dated: | | | | | | | | |

Notes: Documents to be enclosed

- 1. An applicant must show his/her original Certificates (not mark sheet), if failed application would be rejected.
- 2. Work Experienced Certificate if any