

DATE :Date	Month	Year
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FORM No.

APPLICATION FOR EMPLOYMENT REGISTRATION

1	FULL NAME					
2	Father/Mother's Name					
3	Marital Status (✓)	Single	Married	4. Gender (✓)	Male	Female
5	DATE OF BIRTH			6. Community (✓)	Mizo	Non-Mizo
7	Religion (✓)	Christianity	Hinduism	Islam	Buddhism	OTHERS
8	ADDRESS (with House No.)					
9	Contact No. ☎				10. PIN CODE	
11	Height (in cm)		12. CASTE (✓)	SC	ST	OBC
				GEN	XS	OTHERS
13	Locality (✓)	Rural	Urban	14. Nationality (✓)	Indian	Non-Indian
15	HIGHEST QUALIFICATION (with major subject if any)					

QUALIFICATIONS

Exam Pass	Name of Board/ University	Subject/ Stream	Division/ Grade	Year of passing	Course duration

FOR HANDICAPPED

1. Blind	
2. Deaf & Dumb	
3. Orthopaedics	
4. Respiratory Disorders	
5. Negative Leprosy Person	
6. Others	

Details of medical findings

ALLOWED	REJECTED
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REMARKS/COMMENTS (if any)
of Registering Authority _____

Applicant's Signature

REGISTERING AUTHORITY