APPLICATION FORM

Mizoram EMRS Society Advertisement No.:05/2023-2024

Application for the post of POST GRADUATE TEACHER (PGT) (English/Economics/History/Hindi)

(to be filled in block letters)

1. Name of Applicant:

Photo

| | 2. | Father's/Mother's Name: | | | | | | | |
|------------|---------|---|----------------------|----------------------------|--------------------|---------------------|--|--|--|
| | 3. | Date of Birth: | | 4.Sex: Male/Female | 4.Sex: Male/Female | | | | |
| | 4. | 4. Marital Status :Married/Unmarried 6.Nationality : | | | | | | | |
| | 7. | . Category: General/ST/SC /BC-I/BC-II (attach self attested photo copy of the Scheduled Tribe Caste Certificate issued in case of Reserved Categories | | | | | | | |
| | 8. | Permanent Address: | | | | | | | |
| | | | | | | | | | |
| | | Address for Communication (if differs from above) | | | | | | | |
| | 9. | Aadhaar Number: 10.Mobile Number: | | | | | | | |
| 11. Edi | ucation | nal Qualification /Profession | nal Qualification (A | Attach self attested photo | copy of all the | e certificates): | | | |
| Sl. No. | (start | Examination passed ting from HSLC onwards) | Board | /University/Institute | Year of Passing | Marks Percentage | | | |
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| 12. Experience details | Attach self attested pho | oto copy of all the certificates) |
|------------------------|---------------------------------------|---|
| 12. 2.19.11.11.0 | (1 10000 11 2 0 11 0 0 0 0 0 0 p 11 0 | , |

| Sl. No. | Name & Address of Employer | Post & Nature of duties | Period of Service (Mention with Date, Month, Year) | | Total period of service (Years, | |
|------------|-------------------------------|-------------------------|--|----|---------------------------------|--|
| | | | From | То | Months and Days) | |
| | | | | | | |
| | | | | | | |
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13. Other information (if any):

14. List of attachments (please specify):

| 1. | 2. |
|----|-----|
| | |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

| Ι, | _ hereby | declare | that | the | informations |
|---|------------|-----------|--------|---------|-----------------|
| mentioned above are true to the best of my knowledge. I a | also fully | understan | d that | if at a | any stage, any |
| attempt to willfully conceal or misrepresentation off acts or | my part | is found, | my cai | ndidat | ure will liable |
| to be summarily rejected or my employment may be cancelled | ed. | | | | |

| Place: | Signature of Candidate |
|--------|------------------------|
| | |

Date: