

**APPLICATION FORM FOR THE POST OF DRIVER (SKILLED II)
ON MUSTER ROLL BASIS**

UNDER DISASTER MANAGEMENT AND REHABILITATION DEPARTMENT

1. Name of Applicant (*In capital letter*) _____
Diltu Hming (Hawrawppui in)
2. Father's /Mother's name(*in Capital Letter*) _____
Nu/Pa hming (Hawrawppuiin)
3. Date of Birth (*as birth certificate*) _____
Pian kum, ni leh thla (Birth Certificate-a mi angin)
4. Educational Qualification _____
Zirna lama thlenchin
5. Employment Registration Number _____
6. Professional Driving License Number _____
and date of Issue _____
7. Permanent Address _____
Chenna Hmun Nghet
8. Correspondent address _____
(Permanent address nen a danglam a nih chuan)
9. Mobile Phone/Landline Number _____
10. Work Experience(*if any*) _____
11. Heng a hnuai tarlan document-te hi thil tel tur a ni (Attested photo copy).
(i) Certificate and Mark-sheet of Class VIII and above
(ii) Birth Certificate
(iii) 2 copies of Passport Size
(iv) ST/SC Certificate (Kum 35 pel tawh tan)
(v) Employment registration copy
(vi) Copy of Professional Driving License

Date : _____

Place : _____

Signature of Applicant with date _____

Hriatturte

1. Driving test neih dan tur hi Chanchinbu, DMR website leh DMR Facebook page hmangin inhriattir leh tur a ni ang.
2. Dilna form famkim lo chu hnawl a ni ang.

Sd/-
Director
Disaster Management and Rehabilitation Department
Mizoram: Aizawl