

EMPLOYMENT EXCHANGE DEPARTMENT GOVERNMENT OF MIZORAM

Application form for Employment Registration

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

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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																											
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Registration Status														
	Active In-Active													
Date	Date of last renewal													

15. HANDICAPPED details

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

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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