

PWD Complex Tuikhuahtlang Aizawl - 796 001 Mizoram



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GOVERNMENT OF MIZORAM OFFICE OF THE ENGINEER-IN-CHIEF: PUBLIC WORKS DEPARTMENT

OFFICE ORDER

Dated Aizawl, the 26th July 2024

No.A.34012/3/24/EC-PWD/E-VI/3 : This Department intended to conduct Departmental Examination for the following posts under PWD:

- 1. Overseer
- 2. Section Assistant
- 3. Electrician Grade I

Incumbents of the above mentioned posts may submit his/her willingness using the application form enclosed in the Annexure along with a copy of the office order showing their cleared paper (if any) to this office not later than 9th August 2024 along with payment of Rs 150/towards examination fee.

Syllabus for examination can be downloaded at the Department Website. Date of Examination will be notified later.

Sd/-LALRINKIMA HNAMTE

Engineer-in-Chief, PWD, Mizoram: Aizawl

Memo No.A.34012/3/24/EC-PWD/E-VI/3 Copy to:-

Dated Aizawl, the 26th July 2024

- 1) All CEs, PWD for information and wide circulation under his establishment without fail.
- 2) All SEs, PWD for information and wide circulation under his establishment without fail.
- 3) All EEs, PWD for information and wide circulation under his establishment without fail.
- 4) EE(IT) of this office for uploading in the Department Website.

5) Office Order Guard File.

(LALREMMAWIA)

Deputy Director(Admn) Engineer-in-Chief's Office, PWD,

Mizoram: Aizawl

17 cell 6 29/2

APPLICATION FORM FOR DEPARTMENTAL EXAMINATION CONDUCTED BY PUBLIC WORKS DEPARTMENT

2(two)
Passport size photo
to be affixed

1) Name of Candidate	:	
2) Designation		
 Name of Office presently posted 	:	
4) Phone Number	:	
5) Date of joining on regular basis to the present post		
6) Whether or not the Candidate has cleared Accounts/Engineering Paper?	:	
7) If the answer to Sl No 7 . is YES, proof of clearance /supporting documents to be attached.	:	

DECLARATION

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Place:

Date :

(Signature of the candidate)