

**No. A.35017/1/2016-HMP/78-79**  
**GOVERNMENT OF MIZORAM**  
**HOME DEPARTMENT**

Dated Aizawl the 12<sup>th</sup> April, 2023

**VACANCY CIRCULAR**

Applications are hereby invited for appointment to the post of Assistant Director (Operations) under Disaster Management & Rehabilitation Department to be filled up by deputation initially for a period of 2 (two) years. The number of post, level in the pay matrix and the eligibility conditions for deputation as per the Notification of Disaster Management & Rehabilitation Department vide No. A.11011/12/2009-DMR/Pt dt. 05.10.2015 as below:

<b>Sl No.</b>	<b>Name of post and level in the pay matrix</b>	<b>No. of post</b>	<b>Eligible conditions</b>
1.	Assistant Director (Operation) Level 10 of Pay Matrix Rs 56100-124500/-	1 (one)	By deputation from MPS Officer of Junior Grade

2. The upper age limit for appointment by deputation shall not be exceeding 56 years as on the closing date of receipt of applications as per the provisions in paragraph 9 of the OM on "Guidelines for appointment on deputation (including short term contract)/ deputation on foreign service and absorption" issued vide No. A.12011/2/2019-P&AR(GSW) dated 09.01.2022.

3. Application Form duly filled up for the above post can be submitted to the Under Secretary-I, Home Department as per prescribed proforma (copy enclosed in Annexure) on or before 21.04.2023

**Sd/-H. LALENGMAWIA**  
Commissioner&Secretary to the Government of Mizoram,  
Home Department

Memo No. A.35017/1/2016-HMP/78-79 : Dated Aizawl the 12<sup>th</sup> April,2023

Copy to:

1. Secretary to Chief Minister, Mizoram.
2. P.S to Deputy Chief Minister, Mizoram.
3. P. S to Home Minister, Mizoram.
4. Secretary, Disaster Management & Rehabilitation Department.
5. Sr. PPS to Chief Secretary, Mizoram.
6. Director General of Police, Mizoram.
7. Superintendent-I, Home Department for uploading in the website.
8. Guard File.

  
(ZAHMINGTHANGA)

Under Secretary to the Government of Mizoram,  
Home Department.



**Annexure**

**COMMON APPLICATION FORM FOR APPOINTMENT BY DEPUTATION  
(INCLUDING SHORT TERM CONTRACT) / FOREIGN SERVICE / ABSORPTION**

1)	Name of applicant (in capital letters)		
2)	Date of birth (enclose self attested copy of supporting document like HSLC, Birth Certificate, etc.)		
3)	Address for correspondence including contact number		
4)	Name of post applied		
5)	Designation of present post held		
6)	Name of service / department		
7)	Present scale of pay/level in pay matrix		
8)	Date of joining the present grade / post on regular basis		
9)	Educational qualification (enclosed self attested copy)		
10)	Please state whether or not the educational and other qualification and other qualifications / experience prescribed for the post in the recruitment rules / vacancy circular are satisfied by the applicant		
11)	Qualifications / experience required		Qualifications/ experience possessed by the official
	Essential	1	
		2	
		3	
	Desirable	1	

		2		
12)	Nature of present employment (i.e. permanent/regular or ad hoc or temporary, contract etc.			
13)	Please state whether the substantive employment is under any of the following employer: a) Central Government b) State Government c) Universities d) Autonomous organizations e) Government Undertaking			
14)	Any additional information which you would like to mention in support of your suitability for the post (This may, among other things, include (i) additional academic qualifications (ii) professional training (iii) work experience, etc. Separate sheet may be enclosed if necessary)			
15)	Whether penalty, if any, was imposed on the applicant during a period of 5 years preceding last date for submission of application? If any, enclose a copy of the order of imposition of penalty by the Disciplinary Authority.			
16)	Details of post(s) held in chronological order (enclose separate sheet, if necessary)			
Sl.	Name of post held	Duration		Nature of duties
		From	To	
1				
2				
3				
4				
5				
6				

The information furnished above is / are correct to the best of my knowledge and nothing has been suppressed. I understand that in case of my selection, if any information furnished above is found to be false or misrepresented at a later stage, my selection is liable to be cancelled with (he approval of the Competent Authority

Date:

Name & signature of applicant

**CERTIFICATE OF THE ADMINISTRATIVE DEPARTMENT/ CADRE  
CONTROLLING AUTHORITY**

Certified that the particulars furnished by the officer are correct as per the service records and the department has no objection for appointment of the officer on deputation (including short term contract)/deputation on foreign service/absorption (please select the appropriate one).

Date:

Signature of an officer not below the rank of  
Under Secretary in the cadre controlling authority