

DGP, Mizoram

No. M/178/2025- SWD
GOVERNMENT OF MIZORAM
SOCIAL WELFARE, WOMEN & CHILD DEVELOPMENT DEPARTMENT
Email: socdepimiz@gmail.com & undersecyswd@gmail.com

Dated Aizawl, the 4th Sept, 2025

VACANCY CIRCULAR

Application are hereby invited to submit willingness for the post of Member Secretary, Mizoram State Commission for Women (MSCW) to be filled up by method of deputation for a period of 3 (three) years. The number of post, level in the pay matrix and eligibility conditions for deputation are mentioned below:-

Sl No	Name of post and level in the Pay Matrix	No of post	Eligibility
1	Member Secretary Level- II	1(one)	An officer of the rank of Group 'A' Officer of Pay level-II and shall be deputed from amongst officers holding analogous post under the state or Central Government with appropriate experience

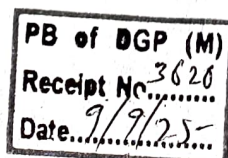
The upper age limit for appointment by deputation shall be less than 56 years as on the closing date of receipt of applications as per the guidelines laid down by DP&AR(GSW) vide No.A.12011/2/2019-P&AR(GSW) Dt 09.01.2020.

Application Form duly filled up for the above post can be submitted to the Under Secretary, Social Welfare, Women & Child Development Department, Mizoram Secretariat (Building No 2, MINECO) as per prescribed proforma (copy enclosed in Annexure) on or before 3rd October, 2025 through the respective Administrative Department/Cadre Controlling Authority.

Sd/- LALZARMAWII, I.A.S

Commissioner & Secretary to the Govt. of Mizoram
Social Welfare, Women & Child
Development Department

IGP (HQ/L&O)



Memo No.M/178/2025-Estt-SWD

: Dated Aizawl the 4th Sept 2025

Copy to:

1. P.S to Minister, Social Welfare
2. All Administrative Departments
3. All Heads of Departments
4. Guard File

L. Ralte 4/9/25

(LALRINPUIA RALTE)

Under Secretary to the Govt. of Mizoram
Social Welfare, Women & Child
Development Department

**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 the pay matrix	
8)	Date of joining the present grade/post on regular basis	
9)	Educational qualification (enclose self attested copy of certificates)	
10)	Please state whether or not the educational and other qualifications/experience prescribed for the post in the recruitment rules/vacancy circular are satisfied by the applicant	
	Qualifications/experience required	Qualifications/experience possessed by the official

	Essential	i)		
		ii)		
		iii)		
	Desirable	i)		
		ii)		
11)	Nature of present employment (i.e permanent/regular or adhoc or temporary, contract etc			
12)	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 f) Others			
13)	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) Work experience etc. Separate sheet may be enclosed if necessary)			
14)	Whether penalty, if any, was imposed on the applicant during a period of 5 years preceding last date for submission of application? If any, enclosed a copy of imposition of penalty by the Disciplinary Authority.			
15)	Details of post(s) held in chronological order (enclose separate sheet, if necessary)			
Sl No	Name of post held	Duration		Nature of duties
		From	To	

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 the 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