

**No. A.12026/1/2026-COMTAX/3**  
**GOVERNMENT OF MIZORAM**  
**OFFICE OF THE COMMISSIONER OF STATE TAX**  
**MIZORAM : AIZAWL**

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Dated Aizawl, the 22<sup>nd</sup> January, 2026

**ADVERTISEMENT NO.1 OF 2025-2026**

Finance Department (Taxation) hnuaia thawk tur Provisional Employee lak a ni dawn  
a. A dil thei te chu a hnuaia tarlan ang hi a ni.

1.	Hna hming	Lower Division Clerk ( Provisional Employee)
2.	Hnaruak zat	3 (Pathum)
3.	Hlawhbi	Rs 16,920/-
4.	Kum Bithliah	Kum 18-35 inkar. Diltu chu ni 23.02.2026 ah kum 18 aia naupang lo leh kum 35 aia upa lo ani tur ani. SC/ST tan kum 5 ngaihnhathiam theih ani ang.
5.	Thiamna ngai te	1) HSSLC from recognized institution. 2) Diploma in Computer Application Semester- I / Certificate course on Computer Application or above from Institutions recognised by the Central or the State Governments / UT Administration under the Union of India. 3) Typing speed of 30 words per minute. 4) Mizo Language Proficiency Test ( Class X emaw a chunglamah emaw Mizo subject la te tan test paltlang a ngai lo ang).
6.	Application fee	1) Rs 150 for ST/SC category 2) Rs 200 for General Category (Fee hi application form thehluh ruala pek mai tur ani ang).
7.	Application form	Application form leh hriattur pawimawh te (instructions) hi Taxation Department website: <a href="https://zotax.nic.in">https://zotax.nic.in</a> . ah ngaihven a download tur ani anga, Commissionerate of State Tax Office, MINECO ah dt: 23.02.2026 hma in thehluh tur ani.
8.	Last Date	23.02.2026 (Monday) 3:00 PM
9.	Form submit-na hmun	Room No. 102, Establishment Section, Office of the Commissionerate of State Tax, MINECO

Written exam neih hmain Typing Test neih tur ani dawn a, a hun leh a hmun tur chu Taxation Department website: [zotax.nic.in](https://zotax.nic.in) ah tarlan leh ani ang. Typing Test paltlang lo tan written exam a hmachhawn theih loh ang.

**Sd/- H.K. LALHAWNGLIANA**  
Commissioner of State Tax  
Mizoram : Aizawl



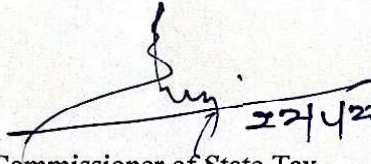
Memo No. A.12026/1/2026-COMTAX /3

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Dated Aizawl, the 22<sup>nd</sup> January, 2026

Copy to :

1. The Under Secretary to the Govt of Mizoram, Finance Department (E) for kind information.
2. The Director, Information and Public Relations for publication in 2(two) local newspapers for 2(two) consecutive days.
3. The Director, Labour, Employment, Skill Development & Entrepreneurship Department for information and necessary action.
4. The Director, All India Radio, Aizawl for information and announcement as news item.
5. The Director, DDK, Aizawl for information and announcement as News item.
6. The News Editor, LPS/Zonet for information and announcement as News Item.
7. Guard File.

  
22/1/2026.  
Commissioner of State Tax  
Finance Department (Taxation)  
Mizoram : Aizawl

**APPLICATION FOR THE POST OF LDC (PE) UNDER TAXATION,  
FINANCE DEPARTMENT**

1 passport  
size photo  
copy

1. Name of the Applicant : \_\_\_\_\_  
(in Capital letter)
2. Father's/Mother's name : \_\_\_\_\_  
(in Capital letter)
3. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. (a) Address for : \_\_\_\_\_  
Correspondence
- (b) Phone number (whatsapp number) : \_\_\_\_\_
5. Date of Birth : \_\_\_\_\_  
(attached self attested Birth Certificate)
6. Sex (Male or Female ) : \_\_\_\_\_
7. Community i.e. (SC/ST/OBC) : \_\_\_\_\_  
(attach self attested supporting document)
8. Educational and other Qualifications : \_\_\_\_\_  
as prescribed in the advertisement (attach self  
attested photocopy of the supporting  
documents) \_\_\_\_\_  
\_\_\_\_\_
9. Whether the candidate studied Mizo subject : \_\_\_\_\_  
of at least Class X standard
10. Indicate the list of self attested documents : \_\_\_\_\_  
enclosed with the application  
(i.e. Educational Certificate, ST Certificate,  
Birth Certificate, Computer Certificate etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant : \_\_\_\_\_  
Full name : \_\_\_\_\_

### **DECLARATION**

I hereby declare that the information given above and in the enclosed documents are 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 applicant)**