

Form - 1  
[See sub-rule (2) of rule 5]

Particulars of records of permanent nature due for appraisal during the year .....

Total number of files of 'A' & 'B' categories lying in the records rooms of the records creating agencies	Total numbers of files of 'A' & 'B' categories transferred to records rooms by the Sections during the period under report	Total No. of files referred to under column 1 and 2	Total No. of files due for appraisal	Remarks if any
1	2	3	4	5

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Form - 2  
 [See sub-rule (3) of rule 5]

### Transfer List

Name of the records creating agency i.e. Ministry/  
 Department/ Office/ Public Undertakings etc. :

Name and particulars of the records officer :

Name of the Branch/ Section :

Year :

S. No.	File No.	Subject matter of the file	Remarks, if any

Signature and seal of the records officer .....

Form - 3  
[See sub-rule (1) of rule 6]

'Requisition slip'

Name of the records creating agency (i.e. Ministry/  
Department/ Office) : \_\_\_\_\_

Name and particulars of the records officer : \_\_\_\_\_

Particulars of records or File No. requisitioned : \_\_\_\_\_

Purpose for which required : \_\_\_\_\_

Undertaking by the records officer ---

I ..... hereby  
declare that the records/ file requisitioned shall be returned to the Archivist  
before the expiry of six months as required under sub-rule (2) of rule 6.

Date.....

Signature and Seal of the record Officer

Note : (Seal is required for Official purpose only)







## Form - 8

[See rule (2) of rule 10 and clause (i) of sub-rule (1) of rule 11]  
(Application form for permission to consult records)

To

The Archivist,  
Mizoram State Archives,  
Aizawl - 796001

Sir,

I hereby apply for enrolment as a research scholar for consulting records in the Research Room of the Mizoram State Archives. I agree to comply with the rules and conditions in force and promise to deposit a copy of each of my work based on the materials consulted at the Mizoram State Archives immediately after the publication.

1. Name, including Surname : Sh./ Smt./ Km./ Dr. \_\_\_\_\_
2. Father's/ Husband's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Qualifications : \_\_\_\_\_
5. Nationality : \_\_\_\_\_
6. Profession : \_\_\_\_\_
7. Subject of Research : \_\_\_\_\_
8. University/ Institutions\* registered with : \_\_\_\_\_
9. Period for which admission is sought : \_\_\_\_\_
- 10 Signature and date : \_\_\_\_\_
- 11 Address (i) Local : \_\_\_\_\_
- (ii) Permanent : \_\_\_\_\_
- (iii) Mobile No : \_\_\_\_\_
- (iv) Email : \_\_\_\_\_

\* Scholars have to attach a letter of recommendation from their University/ Institution/ Department. However, the foreign scholars are requested to bring a letter of accreditation from the diplomatic representatives of their country in India as well.

**Form - 9**

[See clause (vi) of sub-rule (1) of rule 11]

**Application for Reprographic/ Transcription Facilities**

To

The Archivist,  
Mizoram State Archives

Dated :.....

Sir,

Kindly supply me Microfilm (NFG/ POS) PHOTO COPIES/ XEROX TRANSCRIPTS of the material(s) indicated in the enclosed list for my research/ publication/ University. The material is from the Ministry(s) Department(s) of \_\_\_\_\_

1. I declare that the above material is for my research/ publication/ university.
2. I undertake to pay the charges as per schedule of rates prevailing at the time of completion of work. I understand and accept that the estimated cost, when supplied is only tentative and the rates are also liable to revision without notice.
3. The photocopies/ transcripts supplied will not be sold/ transferred to any other person without prior permission of the Archivist.
4. The material, if published, will be suitably acknowledged and provisions of copyright, where applicable, will be complied with.
5. I hereby deposit a sum of Rs. \_\_\_\_\_ as advance.

Yours faithfully,

Temp/Permanent  
Address  
(in block letters)

Signature :  
Name (in block letters):  
Contact No : \_\_\_\_\_

**FOR OFFICE USE**

Received Rs \_\_\_\_\_ ( Rupees \_\_\_\_\_

\_\_\_\_\_ ) only for making Xerox copy/Computer Print out/Pdf of \_\_\_\_\_ pages.



Signature of Archivist

Date :