

**NATIONAL HEALTH MISSION
MIZORAM: AIZAWL**

APPLICATION FORM

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Name of post applying for: _____

PERSONAL INFORMATION

Name:

Father's Name:

Gender:

Address:

Date of Birth:

Mobile No (WhatsApp No):

Mobile No (Optional in case of emergency):

Email address:

EDUCATIONAL QUALIFICATION (HSLC and above)

Qualification	Institute/University	Course duration in years	Year of Passing	% of marks obtained

EXPERIENCE DETAILS (If any)

Name of Institution	Designation	Job responsibilities	Year of Service

DECLARATION:

I, the undersigned, hereby declare that all the statements and documents that I have furnished is true to the best of my knowledge and belief.

I understand that I alone will be responsible for any consequences arising out of incorrect and / or incomplete information furnished in this application.

Signature :

Name (in Capital) :

Date :

Place :

DOCUMENTS REQUIRED:

1. Certificate and Marksheet (HSLC onwards, **Self attested**).
2. Experience Certificate (if any).
3. Birth Certificate.
4. Additional resume (if desired) may be submitted in additional sheet.

Last date of submission: 4th July (Friday) 04:00 PM

Written exam emaw, personal interview neih hun tur hi <https://nhmmizoram.org/> ah rawn tarlan a ni ang.