



ZORAM MEDICAL COLLEGE

Government of Mizoram

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ZMC Advertisement - DDA & AR

No.A.35011/10/2018-HFW/198
GOVERNMENT OF MIZORAM
HEALTH & FAMILY WELFARE DEPARTMENT
MIZORAM SECRETARIAT BUILDING, MINECO, KHATLA
AIZAWL-796001

Dated Aizawl, the 26th April 2022.

ADVERTISEMENT

Applications are hereby invited for filling up of the following posts on deputation basis under Zoram Medical College (ZMC), Falkawn as per the terms and conditions mentioned below:

SI No	Name of post , Pay scale	No of post	Eligibility	Period
1	Deputy Director Level -11 of the Pay Matrix (Rs 67,700 – Rs 1,50,800)	1 (one)	Serving Junior Grade of MSS with not less than 5 years regular service in the grade.	Initially for 3 (three) years
2	Assistant Registrar Level -10 of the Pay Matrix (Rs 56,100 – Rs 1,24,500)	1 (one)	Serving Assistant Grade with not less 5 years regular service in the Grade.	Initially for 3 (three) years

Interested candidates may submit willingness to the undersigned in the format enclosed during office hours on or before **26.05.2022** through their respective administrative Department/ Cadre Controlling Authority.

Sd/-R.LALRAMNGHAKA
 Secretary to the Govt. of Mizoram
 Health & Family Welfare Department.

Memor No.A.35011/10/2018-HFW/198
 Copy to:

: Dated Aizawl, the 26th April 2022.

1. Secretary to the Governor of Mizoram.
2. P.S. to Chief Minister, Mizoram.
3. P.S to Minister Health & Family Welfare Department.
4. Sr. P.P.S. to Chief Secretary, Govt. of Mizoram.
5. All administrative Departments.
6. All Head of Department.
7. Principal Director of Health & Family Welfare Department.
8. Director of Health Services.
9. Director of Hospital & Medical Education.
10. Director, ZMC, Falkawn.
11. Website Manager, ZMC Falkawn for uploading in the Website.
12. Guard File.

ZORAM MEDICAL COLLEGE
 Receipt No...1206.....
 Date.....27/4/22.....

Handwritten signature and date: 29/4/22

Handwritten initials: DDA

Handwritten signature and date: 26/4/22
 (LIANHMINGTHANGI HMAR)
 Under Secretary to the Govt. of Mizoram
 Health & Family Welfare Deptt.

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PROFORMA

- 1. Name & Address (in Block letters) :
- 2. Date of Birth :
- 3. Educational Qualification :
- 4. Date of 1st entry into Govt. Service with Post :
- 5. Date of joining the present Grade :
- 6. Present Place of posting :
- 7. Previous experience :

8. Contact Number :

Signature of applicant

Certificate to be given by Head of Department/Office.

Certified that the particulars furnished by Shri/Smt _____ have been verified from his/her record and found correct.

Date :.....

Place:.....

Signature of Head of Department

Name:.....

Seal:.....

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