

NO.A.12036/1/PE/2025-DHSE/Pt-II
GOVERNMENT OF MIZORAM
DIRECTORATE OF HEALTH SERVICES

Dated Aizawl, the 19th May, 2025

ADVERTISEMENT

A hnuai a mi ang hian Directorate of Health Services hnuai-ah Group 'D' a thawk tur lak a ni dawn a, Application Form hi **Rs.150/- (ST/SC/OBC)** leh **Rs.200/- (General)** tan Directorate of Health Services, MINECO, Khatla, Aizawl-ah emaw Department website (<https://health.mizoram.gov.in>) ah emaw lak chhuah theih a ni. Application Form hi ni **30th May, 2025 tlai dar 05:00 PM** hmain Directorate of Health Services, MINECO, Aizawl-ah theh luh tur a ni.

Sl. No.	Name of Post	No. of Post	Mode of Recruitment	Level of pay in the Pay Matrix	Qualification	Proposed place of deployment	Remarks
1	2	3	4	5	6	7	
1	Group 'D'	1	Regular	Level-1, (Rs.17,400-38,600) PM	1) Class-VIII Certificate or above from recognized Institution. 2) Between 18 years and 35 years. Upper age limit is relaxable by 5 yrs. for candidates from Scheduled Case/ Scheduled Tribes. 3) Working knowledge of Mizo language at least Middle School standard.	Primary Health Centre	Out of 17 (seventeen) nos. of Group 'D' vacant posts 1 (one) post is reserved for PWD in the category - hard of hearing
2	Group 'D'	2	Provisional Employee	Rs.11,990 fixed Per Month		State Drugs Testing Laboratory, MINECO, Khatla, Aizawl	-

Personal Interview neih hun tur chu in hriattir leh a ni ang.

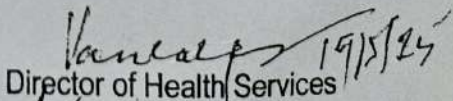
Sd/-Dr. VANLALFELA
Director of Health Services
Mizoram : Aizawl.

Memo No. A.12036/1/PE/2025-DHSE

Dated Aizawl, the 19th May, 2025

Copy to: -

1. Principal Director, Health & Family Welfare Department for kind information.
2. Under Secretary to the Government of Mizoram, H&FW Department for kind information.
3. Director, Information & Public Relation Department for kind information and necessary action with a request to flow this advertisement through 2 (two) leading local daily news paper in 2 (two) consecutive issues.
4. Joint Director (Food & Drugs), Directorate of Health Services for information.
5. DDO/ Joint Director (General), Directorate of Health Services for information.
6. All Sr. Chief Medical Officer: Aizawl West, Aizawl East, Lunglei, Siaha, Champhai, Kolasib, Serchhip, Lawngtlai, Mamit, Saitual, Khawzawl and Hnahthial for information.
7. Sub-Divisional Medical Officer; Tlabung & Chawngte for information.
8. Website Manager, ICT, Directorate of Health Services for information and necessary action.
9. Notice Board/ Guard file.


Director of Health Services
Mizoram : Aizawl.

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF GROUP 'D' UNDER
DIRECTORATE OF HEALTH SERVICES,
HEALTH & FAMILY WELFARE DEPARTMENT**

Passport size
photo to be
affixed

(2 copies)

- 1) Name of Service/Post : _____
- 2) Name of Department : _____
- 3) Name of candidate : _____
(in capital letters only)
- 4) Father's/Mother's name : _____
- 5) Permanent address : _____

- 6) (a) Address for correspondence : _____

- (b) Phone number : _____
- 7) Date of birth : _____
(Attach self-attested photocopy of
Birth Certificate or HSLC or Aadhaar)
- 8) Sex (Male or Female) : _____
- 9) Community i.e. SC/ST/OBC : _____
- 10) Educational and other : _____
qualifications as prescribed in the : _____
advertisement : _____
(Attach self-attested photocopy : _____
of the supporting document)
- 11) Experience, if any : _____
(Attach self-attested photocopy : _____
of the supporting document)

Contd...

12) Whether the candidate : YES/NO
possesses working knowledge
of Mizo language at least
Middle School standard?

13) Indicate the list of self-attested : 1. _____
documents enclosed with the : 2. _____
application : 3. _____
(i.e. Educational Certificate, : 4. _____
ST Certificate, Birth Certificate, : 5. _____
etc.)

DECLARATION

I hereby declare that the information given above and in the enclosed documents is 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 & Name of the candidate)

CERTIFICATE BY HEAD OF DEPARTMENT

(For use of Government Servants only)

Certified that Mr/Mrs/Miss _____ holds a temporary/permanent post under the Central/State Government. His character so far as known to me is good and I am not aware of any circumstances which show that he would be unsuitable for any appointment to any post if successful in the examination

Date:

Signature: _____

Designation: _____

(Office Seal)