



Government of Mizoram

No.D.12016/8/2024 – NHM/FC-XV/UHWC/HR
OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION
DINTHAR, AIZAWL – 796009, MIZORAM
Email: cphcmizoram@gmail.com, Contact- 8794406429
Website: <https://nhmmizoram.org>



ADVERTISEMENT

National Health Mission Mizoram invites application in plain paper from eligible candidates for the following posts to be engaged on contractual basis at various Urban Health & Wellness Centers (UHWC) under XV Finance Commission Health Grant Scheme. The tenure of the engagement shall be till the scheme period i.e., march 2026.

Sl.No	Name of Post	No of Post	Qualifications	Pay per month (in Rs)
1	Medical Officer	4	1. MBBS from a recognized university 2. Working knowledge of Mizo language at least Middle School standards	50,000/-

Notes:

- Last date of application is **4th (Friday), 2025 5:00 PM.**
- Duly filled application addressing to the undersigned along with required documents collated in one PDF maybe submitted to the email cphcmizoram@gmail.com or physical copy to the Health & Wellness Centers Section, Directorate of Health Services Building, MINECO, Khatla.
- The application must clearly indicate Full Name, Father's Name, Address, Mobile Number (WhatsApp) and email address.
- Dates for written/Personal Interview will be communicated either through phone call or WhatsApp.
- Allocation of post will be made as per merit.
- Documents to be attached: -
 1. Bio data/ Curriculum Vitae
 2. Self-attested photocopy of documents- Relevant Degree Certificates
 3. 1 passport size photograph
 4. Registration Certificate
 5. Experience Certificates (If any)

Sd/-
(Dr. LILY CHHAKCHHUAK)
Mission Director
National Health Mission
Mizoram: Aizawl

**NATIONAL HEALTH MISSION
MIZORAM: AIZAWL**

APPLICATION FORM

Attach
Passport
Size
Photo
here

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

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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. Registration Certificate (if any).
4. Birth Certificate.
5. Additional resume (if desired) may be submitted in additional sheet.

Last date of submission: 4th July (Friday) 05:00 PM

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