

**NATIONAL TB ELIMINATION PROGRAMME
NATIONAL HEALTH MISSION
MIZORAM: AIZAWL**

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APPLICATION FORM

1. Name of the Applicant (In capital) : _____
2. Father's/Mother's Name : _____
3. Gender (Tick as applicable) : Male () Female () Others ()
3. Name of post applied : _____
4. Name of District Applied for : _____
5. Date of birth : _____
6. Whether belonging to SC/ST/OBC : _____
7. Religion : _____
8. Address for correspondence : _____

9. Contact No.(Mobile phone) : _____
10. Alternate contact No (if any) : _____
11. Permanent Address : _____

12. Experience(s) if any : _____

13. Academic Record beginning with High School Examination as per the table below:

Sl. No.	Examination passed	Division (with % of marks)	Subject (s)	Year	Board/University

11. Other professional qualification (if any) : _____

12. Computer Certificate : _____
(Compulsory for STS applicant) _____

12. **Documents to be enclosed (attested copies)** :

- a) Birth certificate.
- c) ST/SC Certificate.
- d) Educational Certificates and mark sheets (HSLC onwards).
- e) Experience Certificate (If any).
- f) Permanent 2 wheeler driving license (for PPM Coordinator applicants only).
- g) Computer Certificate for TBHV, Counsellor, PPM Coordinator.

Dated : _____

(_____)
Signature of the Applicant

Place : _____