

**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 :

Email address:

**EDUCATIONAL QUALIFICATION**

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

**EXPERIENCE DETAILS**

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 chin chunglam, Xerox copy Self attested) for Medical Officer, Staff Nurse, Laboratory Technician & District Accountant.*
2. *Certificate and Marksheet (VIII chin chunglam, Xerox copy Self attested) for Driver, Support Staff & Helper.*
3. *Valid Driving License LMV for Driver (Xerox copy Self attested).*
4. *Experience Certificate (if any).*
5. *Birth Certificate (Xerox copy Self attested).*
6. *Additional resumee (if desired) may be submitted in additional sheet.*

*Last date of submission : 27<sup>th</sup> October, 2025 3:00pm (Monday).*

*Written exam emaw, personal interview neih hun tur hi <https://nhmmizoram.org/> ahrawn tarlan ani ang.*