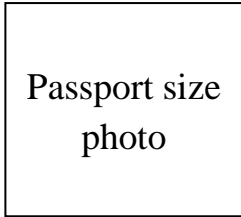


**STATE NCD CELL : DHME  
APPLICATION FORM**



**APPLICATION FOR THE POST OF :** .....

- In case of Medical Officers who are applying for more than 1 post, applied for in order of preference
- 1) .....
  - 2) .....
  - 3) .....
  - 4) .....
  - 5) .....
  - 6) .....

1. Name of Applicant : .....  
(in block letters)

2. Name of Father/Mother : .....

3. Sex : .....

4. Permanent Address : .....  
.....  
.....

5. Address for communication : .....  
.....

Telephone No / Mobile Nos : .....  
(at least two)

Email id : .....

5. Date of Birth : .....  
(Attach Xerox copy of-  
HSLC/Birth Certificate/Voter's ID)

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Nationality : .....

7. Employment Registration No. : .....

8. Mizoram Medical Council Registration No. : .....  
 (for Doctors) (Xerox copy to be attached) .....

9. Educational and other qualifications from Matriculation and above. **(Photocopy to be enclosed)**

Sl. No.	Exam Passed	Year	Div./Class/ Percentage	Board/University/Name of Institute	Subject/ Stream

10. Experience (*if any*) : .....  
 (Attach supporting documents) .....  
 .....  
 .....  
 .....

11. Are you at present working under NHM? **(Yes / No)**  
 If Yes, name of post and programme : .....

**DECLARATION**

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Government if I am declared to be guilty of any type of misconduct mentioned herein.

Place : ..... (Signature of the candidate)  
 (in full)  
 Date : .....

## **INSTRUCTIONS**

- 1. Original Certificate and marksheets for educational qualification from HSLC and above examinations, Certificate of SC/ST, etc., if claimed and any other certificates required should be produced at the time of interview. (Xerox attested Documents to be attached with the application form)**
2. For those already in Service, the application should be sent through Proper Channel and an advanced copy should invariably be submitted directly to the Directorate of Hospital & Medical Education, Mizoram, Aizawl.
3. Application received after last date for submission of application fixed will not be entertained. Candidates should check their application carefully and see that the applications are duly signed and complete in all respect, including certificates to be attached.
4. Incomplete application will summarily be rejected.
5. Canvassing by a candidate directly or indirectly will disqualify the candidate.
- 6. One copy of recent passport-size photo should be brought at the time of submission of Application form.**