

**No. A.34012/45/2009-DHME/ESST**  
**GOVERNMENT OF MIZORAM**  
**DIRECTORATE OF HOSPITAL & MEDICAL EDUCATION**  
**MIZORAM NEW CAPITAL COMPLEX: AIZAWL**

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Dated Aizawl, the 15<sup>th</sup> February, 2024.

**ADVERTISEMENT No.1 of 2024**

Directorate of Hospital & Medical Education (DHME) hnuaiah Group D paruk

(6) lak a ni dawn a. He hna dil theite chu a hnuai a mi ang hi a ni.

1. Hna hming : Group D
2. Hnaruak zat : 6 (six)
3. Hlawhbi : Pay level-1 (₹17400-38600)
4. Kum bithliah : Kum 18 atanga 37 inkar; (SC/ST-tan kum 5 ngaihnhathiam theih a ni ang).
5. Thiamna ngaite :
  1. Class VIII and above from recognized Institution.
  2. Working knowledge of Mizo language at least Middle School standard.
6. Application Fee : ₹200 (ST/SC tan ₹150)

Dilna Form hi Health & Family Welfare Department website [health.mizoram.gov.in](http://health.mizoram.gov.in) ah download theih a ni.


Dilna Form hi **March ni 22, 2024** thleng DHME, MINECO, Aizawl ah thehluh theih a ni. Dilna thehluh rual hian Application Fee pek nghal tur a ni.

**Sd/-Dr. LALTHLEGLIANI**  
**Director,**  
**Hospital & Medical Education**

**Memo No. A.34012/45/2009-DHME/ESST : Dated Aizawl, 15<sup>th</sup> February, 2024**

Copy to:-

- 1) PS to Minister, Health & Family Welfare Department for information.
- 2) Principal Secretary, Health & Family Welfare Department for information
- 3) Principal Director, Health & Family Welfare Department for information.
- 4) Director, LESDE. He is requested to inform willing candidates as per the Register maintained by Offices of District Employment Officers
- 5) Website In-Charge, H&FW Department for uploading in the Department's website.
- 6) Notice Board.
- 7) Guard File.

  
15-2-24  
**Director,**  
**Hospital & Medical Education**  
15/2/24

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF GROUP D  
UNDER DIRECTORATE OF HOSPITAL & MEDICAL EDUCATION  
(H & FW DEPARTMENT)**

Passport size  
photo to be  
affixed

- 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 : \_\_\_\_\_  
photo copy of Birth Certificate or  
HSLC or Aadhaar)
- 8) Sex (Male / Female) : \_\_\_\_\_
- 9) Community i.e. SC/ST/OBC (attach : \_\_\_\_\_  
self attested photocopy of the supporting  
document)
- 10) Educational and other qualifications as: 1. \_\_\_\_\_  
prescribed in the advertisement (attach  
self-attested photocopy of the supporting 2. \_\_\_\_\_  
document) 3. \_\_\_\_\_

11) Experience, if any (attach self-attested : \_\_\_\_\_  
photocopy of the supporting document)

12) Whether the candidate possessed : YES / NO  
working knowledge of Mizo Language  
at least Middle School Standard?

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

Note: Admit Card siamna atan passport size thlalak pahnih (2) dang thil tel tur a ni.

### 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 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)