

**MIZORAM STATE HEALTH SOCIETY (TB CONTROL)  
APPLICATION FORM**

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1. Name of the Applicant (In capital) : \_\_\_\_\_
2. Father's/Mother's Name : \_\_\_\_\_
3. Name of post applied : \_\_\_\_\_
4. Name of District Applied for : \_\_\_\_\_
5. Date of birth : \_\_\_\_\_  
(Enclose attested copy of birth certificate)
6. Whether belongs to SC/ST/OBC : \_\_\_\_\_  
(Enclose attested copy of certificate)
7. Address for correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact No. \_\_\_\_\_
8. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Experience if any : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Academic Record beginning with High School Examination as per the table below:  
(Enclose attested copy of mark sheet and certificate)

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

Dated : \_\_\_\_\_

( \_\_\_\_\_ )

Signature of the Applicant

Place : \_\_\_\_\_