



COMPREHENSIVE PRIMARY HEALTH CARE
Through
HEALTH & WELLNESS CENTRES (CPHC-HWC)
NATIONAL HEALTH MISSION
MIZORAM



Application for Health & Wellness Officer (HWO)

Name of Applicant: _____

Father's/Mother's Name: _____

Permanent Address: _____

Date of Birth: _____

Contact (WhatsApp & Call): _____

Email: _____

Mizoram Nursing Council Regn No: _____

Educational Qualification: *(From Class X up to recent qualification)*

Affix 1
Passport size
Photograph

Sl. No.	Name of Degree	Year of Passing	Name of Institution

Experience:

Sl. No.	Post Held/Designation	Duration	Name of Organization/Hospital

Signature of Applicant : (_____)
Date : _____