

ADVERTISEMENT

Health & Family Welfare Department, Govt. of Mizoram chuan Mizoram Universal Health Care Scheme(MUHCS) hnuaiah District hrang hranga thawk turin Casual employees tun financial year (2026-2027) chung atan a hnuaia tarlan ang hian a la dawn a. Dil duh tan form hi Health & Family Welfare Department website <https://health.mizoram.gov.in/> ah download theih a ni a. Dilna form hi Principal Director Office, DHME Building, MINECO ah submit tur a ni a, Dt. 15.07.2026, tlai dar 5:00pm thleng submit theih a ni.

Sl. No	Name of Post	No. of Post	Pay per month (Rs.)	Qualifications
1	Anaesthesiologist	2	1,40,000/-	1. MBBS with Post Graduate Degree or Post Graduate Diploma with one year experience in the concerned speciality. 2. Permanent registration from Mizoram State Medical Council.
2	Medical Officer	4	60,000/-	1. MBBS from a recognized University. 2. Permanent Registration from the Mizoram State Medical Council.
3	Nursing Officer	14	22,000/-	1. GNM or above from Govt. recognized institution with valid State Nursing Council Registration.
4	Dialysis Technologist	1	22,000/- or 18,000/-	2. B. Sc (Dialysis Technology) from Govt. recognized institution. or 3. Diploma (Dialysis Technology) from Govt. recognized institution
5	Multitask Worker	6	12,600/-	3. Class-VIII Certificate emaw Class-VIII Certificate or above from recognized Institute. 4. Kum 18 leh 35 inkar an ni tur a ni a. ST/SC tan kum 5 ngaihna thiam a ni ang. 5. Mizo tawng Middle School thleng an zir tur a ni.

District/Institution wise distribution of post.

Sl. No.	Name of post	Place of posting	District	No. of post
1	Anaesthesiologist	District Hospital, Siaha	Siaha	1
		District Hospital, Champhai	Champhai	1
2	Medical Officer	Civil Hospital, Aizawl	Aizawl	1
		Civil Hospital, Lunglei	Lunglei	1
		District Hospital, Siaha	Siaha	1
		District Hospital, Champhai	Champhai	1
3	Nursing Officer	Civil Hospital, Aizawl	Aizawl	4
		ZMC&H, Falkawn	Aizawl	4
		District Hospital, Siaha	Siaha	2
		District Hospital, Champhai	Champhai	1
		N.E. Khawdungsei PHC	Saitual	1
		Mimbung PHC	Saitual	1
		Chakhei PHC	Siaha	1
4	Dialysis Technologist	District Hospital, Serchhip	Serchhip	1
5	Multitask Worker	Civil Hospital, Aizawl	Aizawl	2
		ZMC&H, Falkawn	Aizawl	2
		District Hospital, Champhai	Champhai	1
		District Hospital, Lawngtlai	Lawngtlai	1

Walk-in-interview neih tur a ni a, Interview hun leh ni chu inhriatir leh a ni ang.

Sd-Dr. LALTHLEGLIANI
Principal Director
Health & Family Welfare

Memo No.A.11018/3/2025-PD/HFW/Vol-III

:

Dated Aizawl the 7th July, 2026

Copy to:

1. PS to Hon'ble Minister, Health & Family Welfare Department
2. PPS to Commissioner & Secretary, Health & Family Welfare Department
3. Director of Health Services/Director of Hospital & Medical Education
4. Director, ZMC&H, Falkawn
5. Joint Director, Dte. of Nursing
6. Deputy Director, Dte. of AYUSH
7. Website Manager, DHS
8. Guard File


Principal Director
Health & Family Welfare

CANDIDATE BIO-DATA FORM

FOR THE POST OF _____

UNDER MIZORAM UNIVERSAL HEALTH SCHEME

DISTRICT _____

Passport size
photo to be
affixed

1) Name of candidate : _____
(in capital letters only)

2) Father's/Mother's Name : _____

3) Permanent Address : _____

4) (a) Address for correspondence : _____

(b) Phone Number : _____

(c) Phone Number (Optional in case of : _____
emergency)

5) Date of Birth (attached self attested : _____
photocopy of Birth Certificate or HSLC or Aadhar
Card)

6) Sex (Male or Female) : _____

7) Community i.e., SC/ST/OBC (attached self : _____
attested photocopy of supporting document)

8) Educational and other qualifications : 1. _____
as prescribed in the advertisement (attached self 2. _____
attested photocopy of the supporting document) 3. _____
4. _____

9) Experience, If any (attached self attested : _____
photocopy of the supporting document) _____

10) Whether the candidate : YES/NO
possesses working knowledge of Mizolanguage at
least Middle School Standard?

11) Indicate the list of self attested : 1. _____
Documents enclosed with the Application (i.e. 2. _____
Educational Certificate, ST Certificate, Birth 3. _____
Certificate, etc.) 4. _____
5. _____

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)

Important notes to applicant

1. *Candidates are requested to fill the form carefully and ensure all personal information are correct and submit the same on the day of the interview.*
2. *The engagement shall be purely on casual basis.*
3. *Engagement may be terminated by the Appointing Authority, if the employee is found medically unfit or is found guilty of his conduct or insubordination.*