

APPLICATION FOR GRANT – IN – AID (FELL DISEASES)

To,

The Director
Hospital & Medical Education
Mizoram, Aizawl

Subject : **Grant –in-aid dilna**

1. Particulars :-

- (a) Damlo hming : _____
(Name of patient)
- (b) Nu/Pa hming : _____
(Father's/Mother's name)
- (c) Damlo chenna hmun nghet : _____
(Permanent Address)
- (d) Damlo tun a awmna/Chenna : _____
(Present Address)
- Natna hming : _____
(Name of Diseases)
- (e) Damdawiin In inenkawlna hmun : _____
(Name of Hospital etc.)

2. Document pawimawh thil tel tulte ka rawn thil tel e.

- 1) V.C.P. : Recommend-na : awmna, khua/veng sorkar hnathawk
an awm leh awm loh, BPL an nih leh nih loh.
- 2) B.D.O. : Certificate – Khua/Veng, natna hming, sorkar hnathawk
an awm leh awm loh, BPL an nih leh nih loh.
- 3) M.O. : Certificate (Enkawltu Doctor hnen atangin)

DILTU HMING : _____
FULL ADDRESS: _____

Mobile No. _____

