

**APPLICATION FOR GRANT – IN – AID (TB)**

To,

The Director of Health Services  
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)
- (e) Natna hming : Tuberculosis  
(Name of Diseases)
- (f) Damdawiin In inenkawlna hmun : \_\_\_\_\_  
(Name of Hospital etc.)

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

- 1) V.C.P. Recommendation (Residency & No Govt. Servant relation).
- 2) B.D.O. Certificate, Schedule Tribe/Caste  
B.P.L. No. : \_\_\_\_\_  
Monthly income : \_\_\_\_\_
- 3) M.O. : Certificate (Enkawltu Doctor hnen atangin)
- 4) Medical Board: (GIA dilpuina, Civil Hospital Aizawl/Lunglei/Saiha atangin)  
Certificate.

DILTU HMING : \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Mobile No. \_\_\_\_\_

