

**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: \_\_\_\_\_  
\_\_\_\_\_

Contact No. \_\_\_\_\_