

**GOVERNMENT OF MIZORAM  
HEALTH & FAMILY WELFARE DEPARTMENT  
MIZORAM SECRETARIAT : MINECO : KHATLA : AIZAWL – 796001**

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Dated Aizawl, the 15<sup>th</sup> May, 2026

**ADVERTISEMENT**

The under mentioned post under Zoram Medical College & Hospital is proposed to be filled up on deputation basis initially for a period of 3 (three) years. Application in prescribed form enclosed herewith may be submitted to the Under Secretary, Health & Family Welfare Department latest by 12.06.2026 through proper channel along with Vigilance Clearance Certificate :

Name of post : **Assistant Registrar**  
Classification : **Group 'A' (Gazetted)**  
No. of vacant post(s) : **1 (one)**  
Pay : **Level - 10 in the Pay Matrix (₹ 56,100 – ₹ 1,24,500)**

**Eligibility Criteria :**

From officers of the Central / State Government –

- i. holding analogous posts on regular basis in the parent department; OR with 5 years of service rendered after appointment to the post on a regular basis in Level – 7 of the Pay Matrix.
- ii. should not be more than 56 years of age as on the last date for submission of the application.

Candidates who apply for the post will not be allowed to withdraw their candidature subsequently.

**Sd/-K. LALRINZUALI**

Commissioner & Secretary to the Govt. of Mizoram  
Health & Family Welfare Department

**Memo No.A-35018/7/2026-HFW/32**

**: Dated Aizawl, the 15<sup>th</sup> May, 2026**

Copy to :

1. P.S to Minister, Health & Family Welfare Department.
2. P.S. to Commissioner & Secretary, Health & Family Welfare Department.
3. All Administrative Departments, Govt. of Mizoram with a request to kindly circulate the advertisement to their subordinate offices.
4. Principal Director, Health & Family Welfare Department.
5. Director, DHS / DHME / ZMC&H / Ayush / Nursing, Mizoram.
6. All Heads of Departments, Govt. of Mizoram with a request to kindly circulate the advertisement to their subordinate offices.
7. Website Manager, IT Cell, DHS.
8. Guard File.

Digitally signed by  
Lianhmingthangi Hmar  
Date: 15-05-2026  
11:41:29

**(LIANHMINGTHANGI HMAR)**  
Deputy Secretary to the Govt. of Mizoram  
Health & Family Welfare Department

**ANNEXURE-I**

**COMMON APPLICATION FORM FOR APPOINTMENT BY DEPUTATION  
(INCLUDING SHORT TERM CONTRACT)/FOREIGN SERVICE/ABSORPTION**

1)	Name of applicant (in capital letters)	:		
2)	Date of birth (enclose self attested copy of supporting document like HSLC, Birth Certificate, etc.)	:		
3)	Address for correspondence including contact number	:		
4)	Name of post applied	:		
5)	Designation of present post held	:		
6)	Name of service/department	:		
7)	Present scale of pay/level in pay matrix	:		
8)	Date of joining the present grade/post on regular basis	:		
9)	Educational qualification (enclose self attested copy of certificates)	:		
10)	Please state whether or not the educational and other qualifications/experience prescribed for the post in the recruitment rules/vacancy circular are satisfied by the applicant		:	
	Qualifications/experience required		Qualifications/experience possessed by the official	
	Essential	i)		
		ii)		
		iii)		
	Desirable	i)		
ii)				

11)	Nature of present employment (i.e. permanent/regular or ad hoc or temporary, contract etc.	:		
12)	Please state whether the substantive employment is under any of the following employer: a) Central Government b) State Government c) Universities d) Autonomous organizations e) Government Undertaking f) Others	:		
13)	Any additional information which you would like to mention in support of your suitability for the post (This may, among other things, include (i) additional academic qualifications (ii) professional training (iii) work experience, etc. Separate sheet may be enclosed if necessary)			
14)	Whether penalty, if any, was imposed on the applicant during a period of 5 years preceding last date for submission of application? If any, enclose a copy of the order of imposition of penalty by the Disciplinary Authority.	:		
15)	Details of post(s) held in chronological order (enclose separate sheet, if necessary)			
Sl. No.	Name of post held	Duration		Nature of duties
		From	To	

The information furnished above is/are correct to the best of my knowledge and nothing has been suppressed. I understand that in case of my selection, if any information furnished above is found to be false or misrepresented at a later stage, my selection is liable to be cancelled with the approval of the Competent Authority.

Date:

Name & signature of applicant

**CERTIFICATE OF THE ADMINISTRATIVE DEPARTMENT/CADRE  
CONTROLLING AUTHORITY**

Certified that the particulars furnished by the officer are correct as per the service records and the department has no objection for appointment of the officer on deputation (including short term contract)/deputation on foreign service/absorption (please select the appropriate one).

Date:

Signature of an officer not below the rank of  
Under Secretary in the cadre controlling authority