ZORAM MEDICAL COLLEGE & HOSPITAL
Government of Mizoram
Falkawn, Aizawl District, Mizoram - 796005

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DECLARATION OF THE APPLICANT

I hereby declare that I have carefully read the Advertisement and filled in the details.

I hereby declare that I am an Indian Citizen.

I understand that fees once paid will not be refunded under any circumstances.

I hereby declare that the information given above is true and correct to the best of my knowledge and belief.

I further declare to produce all certificates in original at the time of the interview relevant to my claims made in the application.

I also agree to forfeit my claim for an interview in the event of failure to produce the relevant original certificates.

I shall abide by the actions and decisions taken by Zoram Medical College.

Signature of the Applicant : _____

Name of the Applicant (In block Letter): _____