



ZORAM MEDICAL COLLEGE & HOSPITAL

Government of Mizoram
Falkawn, Aizawl District, Mizoram - 796005

9863272133 (Admin)
6033188259 (Acad)
9383212171 (Casualty)
zmc@zmc.edu.in
director@zmc.edu.in
academic@zmc.edu.in
medsup.falkawn@gmail.com
zmc.edu.in

OFFICE ORDER

Dated Falkawn, the 27th March, 2026

No.A.46013/1/2025-ZMCH[E]/16: All teaching faculty, officers and staff of Zoram Medical College & Hospital appointed on either Regular or Contractual Basis are hereby informed to submit their duly filled Family Declaration Form to the Establishment Section of the Administrative Wing by **30th April, 2026** positively.

The form (attached to this Office Order) may be obtained from the Establishment Section of the Administrative Wing and the Medical Superintendent's Office in hard copy or may be downloaded through the official whatsapp groups in soft copy.

This is as per Section - 4(I) of the CS(MA)Rules, 1994 and should be updated every year as required by MUCHS.

Sd/-Prof. ZORAMTHARA ZADENG

Director

Zoram Medical College & Hospital

Memo No.A.46013/1/2025-ZMCH[E]/16

Dated Falkawn, the 27th March, 2026

Copy to:

1. PA to Director/Registrar/Dean/Medical Superintendent, ZMCH.
2. All Head of Departments & Administrative officers, ZMCH.
3. All Regular or Contractual Staff, ZMC&H.
4. Website Manager, ZMC&H.
5. Guard File.

Mathgum
27/3/2026
Director

Zoram Medical College & Hospital

DETAILS OF FAMILY

{See Section – 4(I) of CS(MA) Rules, 1944}

(For use in MUHCS)

Name of Government Servant :
Designation :
Employee No. (as generated by IFMIS) :
Date of Birth :
Date of Appointment :
Details of the family members as on :

Sl. No.	Names of the family members	Date of Birth	Relationship with the Govt. Servant	Document submitted	Remarks of the Controlling Officer
1	2	3	4	5	6

I certify that the above declaration made by me is fully updated and correct

Date:

Signature of Govt. Servant

DECLARATION OF THE CONTROLLING AUTHORITY

After careful checking of the documents submitted by the Government Servant. I satisfy myself that the above _____ (number of the members) persons are truly the family members of _____ for the purpose of CS(MA) Rules, 1944

Date.....

Signature of the Controlling Officer
(with seal)