

**ZORAM MEDICAL COLLEGE**  
(An Autonomous Institute under the Government of Mizoram)  
FALKAWN - 796005

Dated Falkawn, the 16<sup>th</sup> Jan., 2025

**OFFICE ORDER**

**No.A.41011/1/2019-ZMC/:** All staff under ZMC-SHRF are hereby informed to apply for fresh issue of Identity Card as the validity of all Identity Card issued has expired on 31.12.2024. Application Form can be downloaded from Departmental Website or be obtained from Establishment Section.

The following should strictly be complied with in issue of Identity Card:

1. All staff should approach Pu Dan Daniel Lalremruata, AV Section for latest Photo.
2. Fresh ID shall be issued on submission of the expired/old ID Card.
3. ID shall be issued on payment of Rs 200/- only by all staff.
4. ID should be worn by all staff for identification by Security Personnel and should be produced on demand.
5. Misuse of ID is a punishable crime and staffs are warned not to misuse it.
6. Coloring pattern has been adopted and shall be strictly adhered to by all concerned.

Sd/-Dr. JOHN ZOHMINGTHANGA  
Director


Zoram Medical College, Falkawn

Memo No:A.60034/1/2025-ZMC

Dated Aizawl, the 16<sup>th</sup> Jan., 2025

Copy to:

1. P.A. to Director
2. Med. Supdt./Nursing Supdt. SRHF for information and necessary action.
3. Registrar/Dean/DD (Admn)/DD(Accts)/Sub-Dean (Acad/Plan)/AR.
4. All Head of Department for information and necessary action.
5. Group B/C/D staff for information and necessary action.
6. Manager, JC Security for information and necessary action.
7. Computer Operator for uploading in official website.
8. Guard File/Notice Board.

  
Director 16/1/25

Zoram Medical College, Falkawn

**APPLICATION FOR ISSUE OF IDENTITY CARD**  
(PLEASE USE CAPITAL LETTERS)

To,

The Director  
Zoram Medical College  
Falkawn; Mizoram

Subj: **Issue of Identity Card.**

Sir,

Kindly issue me an identity Card as per the particular mentioned below:

1. Name : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Designation : \_\_\_\_\_  
 Regular     Contract     Casual     Project     MR/PE  
Duration of Contract/Project (If applicable) : \_\_\_\_\_
4. Department/Branch/Section : \_\_\_\_\_
5. Date of Birth : \_\_\_\_\_ (DD/MM/YYYY) \_\_\_\_\_
6. Blood Group : \_\_\_\_\_
7. Address : \_\_\_\_\_  
\_\_\_\_\_
8. ID Mark : \_\_\_\_\_
9. Contact No. : \_\_\_\_\_

Verification of officer with Seal

( \_\_\_\_\_ )  
Signature of the Applicant with date

Remark of Issuing Authority: