

APPLICATION FORM FOR GERIATRIC CAREGIVER TRAINING
UNDER DIRECTORATE OF SOCIAL WELFARE & TRIBAL AFFAIRS
GOVERNMENT OF MIZORAM

Passport size
photo to be
affixed

Application No: _____

1. HMING : _____
(Hawrawp puiin)

2. NU/PA HMING : _____

3. VENG/KHUA : _____

4. Phone Number : _____

5. PIANNI LEH KUM : _____

6. MIPA/HMEICHHIA : _____

7. AIZAWL ADDRESS : _____
(Training chhunga awmna tur)

8. MAHNI CHHUNGKUA/CHENPUI NGEI : NEI / NEI LO
KUM UPA ENKAWL NGAI AN NEI EM

'Nei' a nih chuan :-

1. A HMING : _____

2. KUM : _____

3. INLAICHINNA : _____

DECLARATION

Heng a chungka ka tarlan zawng zawng khi a dik a ni tih ka chiang a. A diklo a ni tih hmuah chhuah emaw hriat chhuah a nih chuan ka chungah dan angin hremna lekkhawh theih a ni tih ka pawm e.

Place :

Date : (Signature of the candidate)

Lehkha pawimawh thil tel ngaite:

1.Passport size pakhat

2. Attested copy of Aadhaar/Birth Certificate/Voter I.D

3. Educational Certificate

4.Diltu ten mahni chenna khua Local Council/ Village Council atangin training tlak nugchang tha pu a ni tih hriatpuina lehkha.