

RUANG PHURH REPORT FORM

1. Mitthi chungchang:

HMING : _____

Nu/ Pa/ Pasal/ Nupui HMING : _____

Kum zat : _____

Address : _____

Contact No. : _____

Assembly Constituency : _____

Thih Ni : _____

Thihna Hmun : _____

- *Mitthi Aadhar Card/ Voter ID (photocopy) thil tel tur.*

2. Ruang phurh leh Motor chungchang:

Ruang phurh ṭanna hmun leh : _____

chhuah hun

Ruang dahna hmun leh : _____

thlen hun

Kalkawng hlat zawng (in Km) : _____

Motor Registration Number : _____

Motor neitu/ khalhtu hming: _____

Contact Number : _____

Motor hman man : _____

Motor khalhtu signature : _____

- *Motor hman man Voucher/ Receipt (original) thil tel tur a ni.*

3. Declaration by Officials:

Ni _____, dar _____ AM/ PM hian Pi/ Pu/ NI/ Tv/ Np _____,

_____ veng/ khua a cheng chu _____

hmunah a boral a, a ruang hi _____ a tangin an chenna

hmunah Motor No. _____ hmangin phurh a ni tih ka hriatpui e.

Signature with date :

HMING : _____

Designation with seal :

Authorised Officials:

- i) Medical Officer, i/c, thihna thlenna hmun
- ii) Local Council/ Village Council President/ Secretary, mitthi ruang phurhna veng/ khua.
- iii) Branch YMA/ YLA/ MTP Chairman/ President/ Secretary.

VERIFICATION OF REPORT

(For concerned Officials)

A chung a tarlan tak _____ (*mitthi hming*) hi

_____ (*veng/ khua leh District*) chhunga cheng, Mizoram

khua leh tui dik tak a ni tih ka hriatpui a, ruang phurh dan tarlan hi a dik ngei a ni tih ka hriatpui e.

Date & Signature : _____

Seal :

✓ Verified/ Countersigned by Director, Social Welfare & Tribal Affairs or Official authorised for the purpose.