

**GOVERNMENT OF MIZORAM
OFFICE OF THE PRINCIPAL DIRECTOR
HEALTH & FAMILY WELFARE DEPARTMENT**

No.A.12033/2/2025-PD/HFW

Dated Aizawl, the 7th July, 2026

ADVERTISEMENT NO. 1 OF 2026

Health & Family Welfare Department, Mizoram invites applications for filling up the post of LDC on Provisional basis as per details below :

1	Name of Post	LDC (PE)
2	No. of Posts	10 (9+1) - 1 post reserved for PwBD (blindness and low vision)
3	Pay Scale	Rs. 16,920/-
4	Age limit	18 -35 years. Applicant should not below 18 years and above 35 years on 01.01.2026, with 5 years relaxation in respect of SC/ST.
5	Qualification	a. HSSLC or above from recognized institution b. Diploma in Computer Application Semester-I/Certificate Course on Computer Application or above from institutions recognized by All India Council for Technical Education (AICTE), or any institution recognized by the Central or the State Governments/UT Administration under the Union of India. c. Typing speed of 30 words per minute(will be evaluated by a typing test, which will be qualifying in nature). d. A candidate must achieve a minimum score in the qualifying test of Mizo Language Proficiency as prescribed by the government from time to time. (A candidate who studied Mizo subject in Class-X standard(HSLC) or above within Mizoram or who opted for Mizo subject MIL outside Mizoram as MIL outside Mizoram is exempted from taking the qualifying test paper) (vide No.A-11019/1/2021-P&AR(GSW) Dt.9.4.2024)
6	Application Fee	1) Rs 150/- for ST/SC/OBC 2) Rs 200/- for General Category 3) Exempted for PwBD
7	Application form	Application form can be obtained from Office of Principal Director, Health & Family Welfare, MINECO, Khatla w.e.f 13th July, 2026 on all working days. Also available in the Department website https://health.mizoram.gov.in
8	Last date for submission of Application form	Duly filed-up application form should be submitted to Office of Principal Director, Health & Family Welfare, MINECO, Khatla on or before 20th August, 2026 during office hours along with application fee.
9	Applicant employed/working under the Government should submit application routing through proper channel	

The venue and schedule for the typing test and the issuance of the admit card will be notified on the Department's website in due course.

Sd/- Dr. LALTHLENGLIANI

Principal Director

Health & Family Welfare

Memo No. A.12033/2/2025-PD/HFW

Dated Aizawl, the 7th July, 2026

Copy to :

- 1) Under Secretary to the Govt. of Mizoram, Health & Family Welfare Department.
- 2) Director, Information & Public Relation Department for kind information and necessary action with a request to float this Advertisement through 2(two) leading Local Daily Newspaper for 2(two) consecutive days.
- 3) Director of Health Services
- 4) Director of Hospital & Medical Education
- ✓ 5) Website Manager, ICT, DHS for information and necessary action.
- 6) Guard file.

Principal Director
Health & Family Welfare

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF LDC (PROVISIONAL
EMPLOYEE) UNDER HEALTH & FAMILY WELFARE DEPARTMENT,
GOVERNMENT OF MIZORAM**

**Passport size
photo to be
affixed**

- 1) Name of Service/Post : _____
- 2) Name of Department : _____
- 3) Name of candidate : _____
(in capital letters only)
- 4) Father's/Mother's name : _____
- 5) Permanent address : _____

- 6) (a) Address for correspondence : _____

- (b) Phone number : _____
- 7) Date of birth : _____
(Attach self-attested photocopy of
Birth Certificate or HSLC or Aadhaar)
- 8) Sex (Male or Female) : _____
- 9) Community i.e. SC/ST/OBC : _____
(Attach self-attested photocopy
of the supporting document)
- 10) Educational and other qualifications : _____
as prescribed in the advertisement : _____
(Attach self-attested photocopy : _____
of the supporting document) : _____
- 11) Experience, if any : _____
(Attach self-attested photocopy : _____
of the supporting document)

Contd...

12) Whether the candidate possesses : YES/NO
working knowledge of Mizo language
at least Middle School standard?

13) Indicate the list of self-attested : 1. _____
documents enclosed with the : 2. _____
application : 3. _____
: 4. _____
: 5. _____

Document to be enclosed:-

- 1) Passport size photo (Name of applicant may be written at the back side).
- 2) Self attested copies of HSSLC Certificates & Mark-sheets on ward.
- 3) Self attested copy of Computer Certificates.
- 4) Self attested copy of Age Proof Certificate (i.e. Birth Certificate or HSLC Certificate).
- 5) Self attested copy of Employment Registration Card.
- 6) Self attested copy of SC/ST Certificate.

DECLARATION

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Place: _____

Date: _____

(Signature & Name of the candidate)

CERTIFICATE BY HEAD OF DEPARTMENT

(For use of Government Servants only)

Certified that Mr/Mrs/Miss _____ holds a temporary/permanent post under the Central/State Government. His character so far as known to me is good and I am not aware of any circumstances which show that he would be unsuitable for any appointment to any post if successful in the examination

Date:

Signature: _____

Designation: _____
(Office Seal)

APPLICATION FORM
FOR THE POST OF LDC AS PROVISIONAL EMPLOYEE,
UNDER HEALTH & FAMILY WELFARE DEPARTMENT,
GOVERNMENT OF MIZORAM

INSTRUCTIONS

1. The prescribed application fee of **Rs.200/- (Rs.150/- for candidates belonging to ST/SC/OBC categories)** shall be paid in cash at the time of submission of the application form. The application fee, once paid, shall not be refunded under any circumstances.
2. Only certified copies of (i) Certificates and mark-sheets for educational qualification from (i) HSLC and above examinations (ii) HW/ANM Training Certificates & Mark-sheets, (iii) Certificate of SC/ST etc., if claimed, and any other certificates required should be submitted along with the application.
3. Submission of applications after last date will not be entertained.
4. Candidates should check their applications and see that the applications are duly signed, complete in all respects and supported by documentary evidences.
5. Incomplete applications will be summarily rejected.
6. Canvassing by a candidate directly or indirectly will disqualify the candidate.

**APPLICATION FORM FOR RECRUITMENT TO THE POST OF LDC (PROVISIONAL
EMPLOYEE) UNDER HEALTH & FAMILY WELFARE DEPARTMENT,
GOVERNMENT OF MIZORAM
(Person with Disability)**

**Passport size
photo to be
affixed**

- 1) Name of Service/Post : _____
- 2) Name of Department : _____
- 3) Name of candidate : _____
(in capital letters only)
- 4) Father's/Mother's name : _____
- 5) Permanent address : _____

- 6) (a) Address for correspondence : _____

- (b) Phone number : _____
- 7) Date of birth : _____
*(Attach self-attested photocopy of
Birth Certificate or HSLC or Aadhaar)*
- 8) Sex (Male or Female) : _____
- 9) Community i.e. SC/ST/OBC : _____
*(Attach self-attested photocopy
of the supporting document)*
- 10) Educational and other qualifications : _____
as prescribed in the advertisement : _____
*(Attach self-attested photocopy
of the supporting document)* : _____
- 11) Experience, if any : _____
*(Attach self-attested photocopy
of the supporting document)* : _____

Contd...

12) Whether the candidate possesses : YES/NO
working knowledge of Mizo language
at least Middle School standard?

13) Indicate the list of self-attested : 1. _____
documents enclosed with the : 2. _____
application : 3. _____
: 4. _____
: 5. _____

Document to be enclosed:-

- 1) Passport size photo (Name of applicant may be written at the back side).
- 2) Self attested copies of HSSLC Certificates & Mark-sheets on ward.
- 3) Self attested copy of Computer Certificates.
- 4) Self attested copy of Age Proof Certificate (i.e. Birth Certificate or HSLC Certificate).
- 5) Self attested copy of Employment Registration Card.
- 6) Self attested copy of SC/ST Certificate.
- 7) Self attested copy of Person with Disability(PwD) certificate.

DECLARATION

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Place: _____

Date: _____

(Signature & Name of the candidate)

CERTIFICATE BY HEAD OF DEPARTMENT

(For use of Government Servants only)

Certified that Mr/Mrs/Miss _____ holds
a temporary/permanent post under the Central/State Government. His character so far as
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Date:

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