

**CIVIL HOSPITAL, AIZAWL
(DAMLO HMING ZIAHNA)
Hawrawppuiin ziah vek tur a ni
(Capital Letter in)**

Hming:_____

Pianni, thla leh kum(Date of Birth):_____/_____/_____

Sex (Mipa/Hmeichhia):_____

Permanent Address:_____

Local Address:_____

District:_____

Natna/OPD inentir duhna:_____

Damlo Mobile/Phone No:_____

Note: Hming/Address/Kum te hi thlak theih a nih loh avangin dik taka ziah tur a ni. Hming lamtawi nilo in mhing pum ngei ziah thin ang che.