



Geriatric Caregiver Training Programme under the State Action Plan for Senior Citizens (SAPSrC)

Under Social Welfare Department, Govt. of Mizoram

Candidate Registration Form

Hming : _____

Date of Birth : _____

Nu/Pa Hming : _____

Chenna Veng/
Khua : _____

Aadhaar/
Voter Id No : _____

Phone Number 1) _____

2) _____

Passport size photo
chilh beh tur, char
loh tur

Lehkha Thil tel ngai

- Aadhaar card/Voter ID

Intiamkamna

He Form a ka ziah leh lehkha ka thil te zawng zawng te hi a dik in a rintlak vek tih ka chiang e.

Date: _____

Diltu Hming leh Signature