



GOVERNMENT OF MIZORAM
OFFICE OF THE ENGINEER-IN-CHIEF
PUBLIC HEALTH ENGINEERING DEPARTMENT

Khatla, Aizawl, Mizoram – 796001
EPABX: 0389-2322244 E-mail: eincphemzdata@gmail.com



No. D.32015/1/2025-E-in-C/PHE/1

Dated Aizawl, the 25th August, 2025

C I R C U L A R

Subject : IDENTITY CARD UNDER PHED CHUNGCHANG

Public Health Engineering Department chuan, hun rei tawh tak atang khan a hnuaia Employees tupawh, a mamawh te tan **IDENTITY CARD** a siam sak thin a. Chung I.D Card a siam sak te chu Registration/ID Number nen mumal leh felfai takin, Employees Classification (MR, PE, Regular, WC, Contract) ang zel in a chhinchhiah fel thlap a ni. Hun a lokal zel a, Identity Card pawh Format (A hmel landan) siam thar tula hriat anih angin, Design nalh zawk leh changtlung zawka kalpui nise, ti-a ruahmanna siam anih angin PHE Department hnuaia Hnathawk (Employees) tupawh, **IDENTITY CARD** siam thar duh te chuan **Establishment Cell, Engineer-in-Chief Office** ah, a siam thar na man, ₹ 200/- chawiin, Form Format thar buatsaih ang hi fillup hnu ah **Establishment Cell, E-in-C Office** ah siam thar theih a ni ang tih kan in hriattir e. Hetihlai hian, I.D Card hmasa zawk, la hmang chhunzawm duh kan awm pawh in hman chhunzawm zel theih a ni ang.

Sd/- ZODINTHARI
Engineer-in-Chief : PHED
Mizoram :: Aizawl

Memo No. D.32015/1/2025-E-in-C/PHE/1 : Dated Aizawl, the 25th August, 2025.
Copy to :-

1. Chief Engineer, PHED, Zone-I/Zone-II, Director, PMU
2. All Superintending Engineer, Working Circle
3. All Executive Engineer, Working Division
4. Hydrogeologist/Chief Chemist
5. Office Order Guard File.

They are requested to circulate this information widely under their jurisdiction.

(B. LALTHANTLUANGA SAILO)
Deputy Director (Admn.)
Engineer-in-Chief Office: PHED
Mizoram :: Aizawl

FORM
APPLICATION FOR ISSUE OF IDENTITY CARD
UNDER PUBLIC HEALTH ENGINEERING DEPARTMENT
MIZORAM

Affix
Passport Size
(3.5 X 4.5 cm)

Name (*in block letter*) : _____

Employees Group : _____ (*Regular/MR/PE/WC/Contract*)

Designation : _____

Skilled at Present : _____ (*for Muster Roll*)

Phone No. : _____

Blood Group : _____

Identification Mark : _____

Father's/Mother Name : _____
(*in block letter*)

Address : _____

Date of Birth : _____

Date of Retirement : _____

Countersigned by

Signature of Employee

(Head of Office)
with Seal

(*Office Use Only*)

Date of Received : _____

Employees (*MR/PE/Regular/WC/Contract*) : _____

I.D Card No. Alloted : PHED _____

Valid upto : _____

Signature
i/c I.D Card