



GOVERNMENT OF MEGHALAYA
HEALTH AND FAMILY WELFARE DEPARTMENT

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OFFICE OF PROJECT DIRECTOR
GOVERNMENT OF MEGHALAYA
HEALTH AND FAMILY WELFARE DEPARTMENT

No. PD/MACS/BTS/APPT/729/3915

Dated: 25/10/2024

ADMIT CARD

ROLL NO:

NAME:

Sub: Written Exam for the post of Attendant

Shri/Smt,

In reference to your application for the post mentioned above, you are hereby requested to appear for the Written Exam on the **4th November 2024** at Indian Institute of Public Health, Lawmali Road, Pasteur Hill, Shillong from **3:00pm to 3:45pm**

Kindly note that only **Candidates qualified in the written exam will be eligible to appear for the Driving test**. For more information you can visit office website www.meghalayasacs.com / Notice Board of the office of the undersigned

Instruction to Candidates

- To report to the venue before **3:00pm**
- No candidates will be allowed to sit in the examination hall without producing their **PHOTO IDENTITY PROOF** like Voter ID Card, Driving License, Pan Card and any ID Proof issued by the Govt. recognized Institution or Govt. of India or any State Govt. only will be accepted.
- Possession/Use of Correction Pen, Mobile Phone, Calculator or any Electronic Device is banned in the Examination Hall.
- No TA/DA will be paid for appearing the Written Exam/Interview.
- *This letter should be treated as an **ADMIT CARD***
- *Please bring **BLACK BALL POINT PEN** to darken the appropriate circle in the **OMR Answer Sheet***

Sd/-
Project Director
Meghalaya AIDS Control Society
Shillong