



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/729/3914

Dated: 25/10/2024

**ADMIT CARD**

**ROLL NO:**

**NAME:**

**Sub: Written Exam for the post of Driver**

Shri/Smt,

In reference to your application for the post mentioned above, you are hereby requested to appear for the Written Exam on the **4<sup>th</sup> November 2024** at Indian Institute of Public Health, Lawmali Road, Pasteur Hill, Shillong from **2:00pm to 2:45pm**

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](http://www.meghalayasacs.com) / Notice Board of the office of the undersigned

**Instruction to Candidates**

- To report to the venue before **2:00pm**
- 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