



# All India Institute of Medical Sciences

Ansari Nagar, New Delhi - 110608


APPLICATION FORM - Nursing Officer Recruitment Common Eligibility Test (NORCET) - 2020

## Candidate Profile

Candidate ID: 5931046108

Registration No: 52032112

Registration Date: 09/08/2020

Candidate Name: KALPANA RANI	Date of Birth: 10 Jul 1993	
Gender: Female	Category: SC	
Father's Name: UMESH KUMAR	Mother's Name: MITHLESH	
Persons with Benchmark Disability Status: No	PWBD Category: NA	
Nationality: INDIAN	State of Domicile: UTTAR PRADESH	
Applied for : Nursing Officer Recruitment Common Eligibility Test (NORCET) - 2020		

Are you a Central Government Employee : No

Are you a Ex-Service men : No

## Contact Details

Address for Permanent: E50 MMIG HIMGIRI COLONY, KANTH ROAD MORADABAD, , Moradabad , UTTAR PRADESH, India, 244001	Correspondence Address: E50 MMIG HIMGIRI COLONY, KANTH ROAD MORADABAD, , Moradabad , UTTAR PRADESH, India, 244001
Mobile No: 1. 7906760236 , 2. Alternate-MobileNo 9927371997	E-Mail ID: kalpanadiwakar23sep@gmail.com

## Qualification Details

Qualifying Exam	University Name	Collage Name	Admission Date	Passing Date
Diploma in General Nursing Midwifery from an Indian Nursing Council	UTTAR PRADESH STATE MEDICAL FACULTY, LUCKNOW	VIVEKANANDA SCHOOL OF NURSING MORADABAD	07/07/2010	25/04/2014

## Registration Number with Nursing Council of India/State Nursing Council

Registered as	Registration No:(Nurse)	Registration No.: (Midwife)	State Name of Nursing Council:	Issuing Date of Registration:
Nurse and Midwife	21579	21579	UTTAR PRADESH	25/04/2014

## Valid Photo Identity (To be presented in original at the Examination Center along with Admit Card)

ID Proof: Adhar Card	ID No: 631695371756	Place of Issue: INDIA	Issue Date: NA	Valid Till: NA
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## Payment Details

Mode: Online	Date: 09/08/2020	Transaction ID: 7104610865	Amount: 1200
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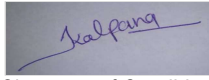
Do you have experience : Yes

Organisation Name	Designation	Job Type	Start Date	End Date
Other	STAFF NURSE	Regular	01 May 2014	17 Aug 2018

## Examination City Opted:

State:	Exam City (Preference 1):	State :	Exam City (Preference 2):	State :	Exam City (Preference 3):
UTTAR PRADESH	MORADABAD	UTTAR PRADESH	BAREILLY	UTTAR PRADESH	GHAZIABAD

**UNDERTAKING/DECLARATION:** I hereby declare that the information furnished by me in the Registration/Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false/incorrect/untrue than i shall be liable to civil/criminal prosecution and my claim to admission/appointment/registration/ service in the Institute may be cancelled/terminated.



Signature of Candidate



Thumb of Candidate