



DIRECTOR GENERAL (TRAINING)

Medical Health & Family Welfare, Govt. of U.P

APPLICATION FORM

CANDIDATE INFORMATION

Registration Number	MW230510000862	Course :	ANM	
Applicant's Name :	Aniket	Date Of Birth :	01-Jan-1990 (31 years)	
Mobile Number :	8299652532	Alternate Mobile no. :	9898989898	
Email Id :	zubair@appventure.com			
Father's Name :	Father Name	Mother's Name :	Mother Name	
Date of Initial Joining In Service:	01-May-2020	Designation :	Designation	
R.N.R.M. Council No. :	abc	Current Posting Facility :	facility	
Current Posting District :	LUCKNOW			
Employee Type :	Regular	Department of Posting :	N.H.M. Under U.P.	
Preference District :	LUCKNOW, KANPUR NAGAR, VARANASI			
What are you Qualified in Nursing ?:	B.S.C.	Clinical Maternity Experience? :	Yes	
Total Clinical Maternity Experience:	32 years 4 months			

Organization	Designation	District	Facility	From Date	To Date
NHM	designation	LUCKNOW	facility	02/01/1991	05/05/2023

Do you have computer knowledge? (MS. Word, Excel, Powerpoint, Internet and etc.) :	Yes
Permanent Address	lko
Communication Address	lko

EDUCATIONAL DEATILS

S.No.	Institute Name	Examination Name	Board/University	Passing Year	Score Type	Score
1	High school	institute name	Uttar Pradesh Board	1992	Percentage	362/600
2	Intermediate	test 2 institute	Uttar Pradesh Board	1994	Percentage	300/500
3	B.Sc. 1st year	institute name 1	faizabad	1996	-	300/500
4	B.Sc. 2nd year	institute name 1	faizabad	1998	-	350/500
5	B.Sc. 3rd year	institute name 1	faizabad	2000	-	400/500
6	B.Sc. Final year	institute name 1	faizabad	2001	-	320/500

