



Dr. Ram Manohar Lohia Institute of Medical Sciences
POST - NURSING OFFICER

logout

Application Number:- 156311		ADVERTISEMENT NO: 39/Estb- 2/Rectt/Dr.RMLIMS/2024/				
1.	Post Applied For:-	NURSING OFFICER				
2.	Recruitment Type :-	General Recruitment				
3.	Name of the Applicant:-	NAMITA PAIS				
4.	Email Address:-	namitamini123@gmail.com				
5.	Mobile Number:-	8937826190				
6.	Alternate Mobile Number:-	7900477964				
7.	Gender:-	Female				
8.	Aadhar Number / आधार नंबर:-	00566325068107				
9.	Nationality:-	Indian				
10.	Are you a Person With Benchmark Disabilities (Divyangjan):-	No				
14.	Dependent of Freedom-Fighter (DFF)?:-	No				
11.	Caste :-	Unreserved				
12.	Are you Domicile of Uttar Pradesh?:-	Yes				
13.	Are you an Ex-Servicemen (as defined in the Advertisement Clause no. 7. (viii)):-	No				
	Discharge Certificate No. :-	N/A				
	Date of Issue (Discharge Certificate) :-	N/A				
	Period of Service in Defence (in years):-	N/A				
14.	Date Of Birth:-	18/02/2000				
15.	Candidate's Age as on 11/03/2024:-	23 Years 11 Months 12 Days				
16.	Father's Name :-	PAIS MASIH				
17.	Mother's Name :-	HEMA MASIH				
18.	Current Marital Status :-	Single				
19.	Spouse's Name :-	N/A				
2.	Permanent Address :-	VILL HAMIDNAGAR POST BILASPUR DIST RAMPUR, RAMPUR, UTTAR PRADESH, 244921				
	Correspondence Address:-	VILL HAMIDNAGAR POST BILASPUR DIST RAMPUR, RAMPUR, UTTAR PRADESH, 244921				
21.	Qualification	Board / Institute	Subject	Year of Passing	Percentage of marks	Uploaded Documents
	B.Sc (Hons.) Nursing/B.Sc. Nursing	FATIMA COLLEGE OF NURSING	COMMUNITY HEALTH NURSING OBSTETRICAL NURSING MANAGEMENT OF	2022	69	

registered from an Indian Nursing Council	LUCKNOW UTTAR PRADESH	NURSING SERVICES AND EDUCATION			
<input checked="" type="checkbox"/> Registered as Nurse & Midwife in State/Indian Nursing Council.					

22.	Uploaded Photo / अपलोड किया गया फोटो 	Uploaded Signature / अपलोड किया गया हस्ताक्षर 
23.	Proof of Date of Birth/ certificate of class 10th :-	<input checked="" type="checkbox"/>
24.	Disability Certificate :-	N/A
25.	Caste certificate for SC / ST / OBC/ EWS :-	N/A
26.	Intermediate Pass Certificate /Mark sheet :-	<input checked="" type="checkbox"/>
29.	Dependent of Freedom-Fighter (DFF) :-	N/A
27.	Registered as Nurse & Midwife in State/Indian Nursing Council document upload. :-	<input checked="" type="checkbox"/>
28.	No Objection Certificate (NOC) :-	N/A
29.	Valid Discharge Certificate/Book/Service & Release Certificate for Ex-Servicemen:-	N/A
30.	Application Registration Date / आवेदन पंजीकरण तिथि:-	21-04-2024 09:48:44
31.	Application Submission Date / आवेदन जमा करने की तिथि:-	21-04-2024 10:45:43
32.	Application Fee Payment Reference No / आवेदन शुल्क भुगतान संदर्भ संख्या:-	pay_O19cfdDiuCloto
33.	Amount Paid (Rs) / राशि का भुगतान (रुपये):-	1180
34.	Application Fee Payment Date & Time / आवेदन शुल्क भुगतान तिथि एवं समय:-	21-04-2024 10:49:42

घोषणा / DECLARATION

I hereby declare that the particulars stated in the above application form are true, correct and complete to the best of my knowledge and belief and nothing has been concealed or incorrect information has been furnished. In case any of the information furnished by me in this application is found to be false, incorrect and misleading at any time after submission of the same, I shall be fully responsible for the same and have no objection against the cancellation of my candidature. I will make no claim for appointment against the post and shall also have no objection to any legal action taken as deemed fit by Dr. Ram Manohar Lohia Institute of Medical Sciences.

			
	Date of Application:- 2024-04-21 10:45:43	SIGNATURE OF THE CANDIDATE	