



The New India Assurance Company Ltd

Recruitment of 550 Administrative Officers (Generalists & Specialists) (Scale - I) ³²⁰¹³⁸

Registration Number : 690029039

Full Name : SONA MARY SUNIL

Stream Applied For : AO (Health)

Category : Un-reserved

Are you a person with benchmark disability of 40% and above ? : NO

Type of Disability : -

Nature of Disability : -

Do you need compensatory time at the time of examination ? : -

Are you suffering from cerebral palsy and your writing speed is permanently affected ? : -

If Yes, Do you need compensatory time at the time of examination ? : -

Whether your dominant (Writing) hand is permanently affected ? : -

If Yes, Do you need compensatory time at the time of examination ? : -

Do you intend to use the services of a scribe ? : -

Are you a person with specified disability covered under the definition of sec 2(s) of the RPwD Act, 2016 and not covered under sec 2(r) of the said act and having difficulty in writing? : NO

If Yes, Do you need compensatory time at the time of examination ? : -

Are you a person with specified disability covered under the definition of sec 2(s) of the RPwD Act, 2016 and not covered under sec 2(r) of the said act and wish to avail the services of Scribe? : -

I certify that, I will produce the certificate from competent medical authority of a Government healthcare institution as per Ministry of Social Justice and Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan) circular no F. No. 29-6/2019-DD-III dated 10.08.2022. : -

Are you Existing Confirmed Employees of Public Sector General Insurance Companies (including GIC & Agriculture Insurance Company of India Ltd.) ? : NO

Are you Existing Confirmed Employees of Public Sector General Insurance Companies (including GIC & Agriculture Insurance Company of India Ltd.) and a Person with Disability ? : -



Uploaded



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Caste Name : -
 Caste Certificate Issuing Authority : -
 Caste Certificate Issuing District : -
 Caste Certificate Issuing State : -
 Caste Certificate Issuing Date : --
 Caste Certificate Serial or Reference Number : -
 Religion to which you belong : Christian
 Do you belong to Religious Minority Community ? : NO
 Are you an Ex-Serviceman ? : NO
 Are you a Disabled Ex-Serviceman (DISXS) ? : NO
 Period of Service : (in months) As on 01.08.2025 : -
 Are you still serving and do not know the date of relieving ? : -
 Date of relief from defence services : -
 Have you joined a Government job on the civil side after availing of the benefits given as an ex-serviceman ? : -
 Consent to Aadhar Verification : YES
 Aadhaar Card Number : XXXXXXXX2111
 PAN Card Number : XXXXXX109H
 Nationality / Citizenship : Indian

Phase-I: Preliminary Examination

State/UT of Online Examination Preference I : Kerala
 Centre of Online Examination (Phase-I) Preference I : Thrichur
 State/UT of Online Examination Preference II : Kerala
 Centre of Online Examination (Phase-I) Preference II : Palakkad
 State/UT of Online Examination Preference III : Kerala
 Centre of Online Examination (Phase-I) Preference III : Ernakulam

Phase - II: Main Examination

State/UT of Online Examination Preference I : Kerala
 Centre of Online Examination (Phase-II) Preference I : Ernakulam
 State/UT of Online Examination Preference II : Karnataka
 Centre of Online Examination (Phase-II) Preference II : Bengaluru
 State/UT of Online Examination Preference III : Tamil Nadu
 Centre of Online Examination (Phase-II) Preference III : Chennai

Application Fee / Intimation charges

Payment In : ONLINE
 Fees : 720.34
 Tax : 129.66 (IGST)
 Amount : 850.00
 Payment Status : PAID
 Reference ID : YHD42613574700
 Transaction Date : 21-08-2025

Personal Details

Date of Birth	: 30-11-1998
Age completed as on 01.08.2025	: 26
Gender	: FEMALE
Do you have twin brother / sister ?	: NO
Name of the twin	: -
Gender of the twin	: -
Marital Status	: Unmarried
Father's Name	: SUNIL SEBASTIAN
Mother's Name	: MERCY
Spouse's Name	: -
Address for Correspondence	
Address 1	: Pichattu House
Address 2	: Kumblacode Post
Address 3	: Kodaykkad Pazhyannur
District	: Pazhayannur
State	: KERALA
Pincode	: 680587
Permanent address	
Address 1	: Pichattu House
Address 2	: Kumblacode Post
Address 3	: Kodaykkad Pazhyannur
District	: Pazhayannur
State	: KERALA
Pincode	: 680587
State for GST invoicing	: Permanent Address (KERALA)

Bank Details

Account Holder Name	: SONA MARY SUNIL
Bank Account No	: 4667101003296
Confirm Bank Account No	: 4667101003296
Bank & Branch Name	: CANARA BANK PAZHAYANNUR
Type of Account	: Savings Account
IFSC Code	: CNRB0004667

Contact Details

Mobile No	: +91 8606325662
Alternative Number (Mobile No/Landline No)	: +91 6238424178
Email ID	: sonamarysunil30@gmail.com

Educational Qualification (as on 01.08.2025)

Exam Passed	Stream	Name of the Degree	Specialisation/Major/Subjects	Board/University/Institution	Date of Passing	% of Marks	Class / Grade
Graduation/equivalent	BHMS	BHMS	BHMS	KUHS	17-10-2023	62.50	First Class

Do you have operating /working knowledge of computers ? : YES

Do you hold a valid registration from Medical or Dental Council of India or any State Medical or Dental Council (as applicable for Allopathy or Dental stream respectively); and National Commission for Indian System of Medicine or National Commission for Homoeopathy (as applicable for Ayurveda or Homeopathy discipline respectively) ? : YES

Registration Number : 15783

Date of Registration : 05-12-2024

Name of the Registration Authority : KSMC

I will produce proof of my valid registration from Medical or Dental Council of India or any State Medical or Dental Council (as applicable for Allopathy or Dental stream respectively); and National Commission for Indian System of Medicine or National Commission for Homoeopathy (as applicable for Ayurveda or Homeopathy discipline respectively) as on the date of my scheduled interview. : --

Other Details :

Do you wish to avail the benefit of pre-examination training ? (SC/ST/OBC/PwBD) : -

Languages Known	Read	Write	Speak
ENGLISH	YES	YES	YES
MALAYALAM	YES	YES	YES
HINDI	YES	YES	YES

Uploaded Document Details :

1. Left thumb impression

2. Hand written declaration

Declaration:

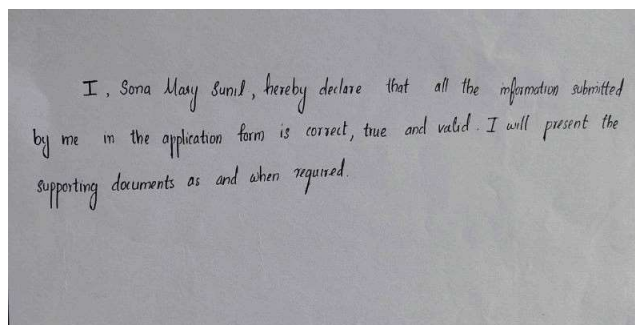
I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue or incorrect at any stage or I am not satisfying any of the eligibility criteria stipulated, and also in case of creating influence/undue pressure regarding recruitment shall tantamount to cancellation of my candidature.



Date: 20-08-2025



Left thumb impression



Hand written declaration