




All India Institute of Medical Sciences

Ansari Nagar, New Delhi - 110608

Registration Form - AIIMS PG Courses[MD/MS/MCh(6YRS)/DM(6YRS)/MDS] JULY 2020 Session

Candidate Profile**Registration ID:** P6141270340**Payment ID:** 30001127**Registration Unique Code:** 7115638

Candidate Name: SHEETAL BEHL	Applied Course: MD/MS/MCH(6YRS)/DM(6YRS)	
Date of Birth: 04 Oct 1995	Category: General	
Gender: Female	Marital Status: Unmarried	
Father's Name: YADVINDER KUMAR BEHL	Mother's Name: NISHA BEHL	
PWBD Status: No	PWBD Category: NA	
Nationality: INDIAN	Applied Under: General	
Identification Mark(1): MOLE ON DORSUM OF RIGHT HAND	Identification Mark(2): MOLE ON DORSUM OF LEFT HAND	

Contact Details

Address for Permanent: RZ-A/105,PART-1,SITAPURI, GALI NO.16,BEHIND DABRI POLICE STATION, NEAR KUMAR PROPERTY DEALER,NEW DELHI, Dabri , South West Delhi, DELHI, India, 110045	Correspondence Address: RZ-A/105,PART-1,SITAPURI, GALI NO.16,BEHIND DABRI POLICE STATION, NEAR KUMAR PROPERTY DEALER,NEW DELHI, Dabri , South West Delhi, DELHI, India, 110045
Mobile No: 1. 9560380104 , 2. Alternate-MobileNo 0	E-Mail ID: sheetalbehl95@gmail.com

Qualification Details

Qualifying Examination	Degree From	State Name	Admission Date	Passing Date
MBBS	Indian University	Delhi (NCT)	01/09/2014	24/12/2018
University Name	Institute/College Name			
DELHI UNIVERSITY	Maulana Azad Medical College, New Delhi			

Academic Details

Qualifying Exam	Max Marks	Marks Obtained	Percentage(%)
MBBS	2450.00	1699.00	69.35

Internship Details

Internship Status	Internship Start Date	Completion/Expected Completion Date	No. of Days
Completed	01/01/2019	31/12/2019	365

Medical Registration Details

Registration Type	Registration Date	Registration Number	Registering Authority
Permanent	19/02/2020	25792	State Council -- (Delhi (NCT))

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

ID Proof: Adhar Card	ID No: 882571941203	Place of Issue: India	Issue Date: NA	Valid Till: NA
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Payment Details

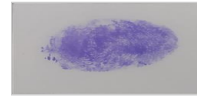
Mode: Online	Date: 19/03/2020	Transaction ID: 7127034097	Amount: 1500
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Examination City Opted: OLD-New Delhi (NEW-New Delhi)

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 then i shall be liable to civil/criminal prosecution and my claim to admission/appointment/registration/ service in the Institute may be cancelled/terminated.

A rectangular box containing a handwritten signature in blue ink. The signature appears to be "Gheetaul" written in a cursive style.

Signature of Candidate



Thumb of Candidate