7/17/2019 NVS Form 2019

777/2019 NVS F0III 2019

Applicant Details

Make Payment

Personal Details

Application Sequence No

NVS134564

Candidate's Name

DEEPTI MEHTA

Father's Name Mother's Name

RAMESH SINGH PUSHPA MEHTA

Marital Status Nationality

Unmarried Indian

Post Applied Details

Post Applied Post Code

FEMALE STAFF NURSE 24

Center Choice 1 Center Choice 2

Delhi NCR Dehradun

Center Choice 3

Chandigarh/Panchkula/Mohali

Category

General UR

Gender

Female

Date of Birth (DD-MM-YYYY) same as Matriculation/ Secondary Certificate

13/Feb/1993

Age as on 10.08.2019

Are you Physically Handicapped (PH) (degree of disability

40% or above)?

26 Years 5 Months 27 Days

Are you an Ex-Service man?

No

Were you originally domiciled in the state of Jammu and Kashmir between 01.01.1980 and 31.12.1989?

No

No

Are you Government employee who has served a minimum period of 3 years of continuous service?

No

Are you currently a NVS employee?

No

Contact Details

Mobile Number

8449870807

Email ID

deeptimehta93@gmail.com

Present Address

Address Line 1

DEENAPANI ALMORA

Address Line 2

POST OFFICE DEENAPANI

Country

India

State

District

Uttarakhand

Almora

Pin Code

263601

Permanent Address

Address Line 1

DEENAPANI ALMORA

Address Line 2

POST OFFICE DEENAPANI

Country

India

State

District

Uttarakhand

Almora

Pin Code

263601

Matriculation (10th) Details

Name of the Board/Council

UK BOARD

Year Of Passing Institute Name

2007 GIC ALMORA

Subject Studied Percentage of Marks

ENGLISH HINDI MATHS SCIENCE SST 58.6

Qualification Name

Intermediate (12th)

Essential qualification 1

Course Name

Secondary Examination (Class XII) or equivalent

Specialization Institute Name

PCB ENGLISH HINDI GIC ALMORA

Year Of Passing

2009

Percentage of Marks

56.8

Essential qualification 2

7/17/2019 NVS Form 2019

Degree Name

B.Sc

Specialization Institute Name

Nursing NAINCY COLLEGE OF NURSING

Year Of Passing Percentage of Marks

2013 74

Previous Work Experience Details

Do you have Registration with Indian/ State Nursing Council?

Yes

Do you have Practical experience of two years in Hospital/Clinic?

Yes

Previous Work Experience Details (latest to earliest)

Sr. No.	Designation/Post	Organization/ Employer	From Date	To Date	No. of years of Service
1	NURSING OFFICER	AIIMS RISHIKESH	09/09/2016	14/03/2019	2 Year(s) 6 Month(s)5 Day(s)
2	STAFF NURSE	MAX SUPERSPECIALITY HOSPITAL DEHRADUN	10/01/2014	18/03/2016	2 Year(s) 2 Month(s)8 Day(s)

Total Work Experience

4 Year(s), 8 Month(s)13 Day(s)

7/17/2019 NVS Form 2019

I confirm that the experience entered by me in the table above is as per the criteria laid by NVS.Any deviation found in these details at a later stage will lead to appropriate action against me

Payment Details

Amount

1200

Candidate Documents/Images Upload Details



Photo

Deeph'

Signature

Declaration

I hereby, solemnly declare that information provided by me in the form is true to the best of my knowledge and belief. I understand that my candidature is subject to the conditions laid down in the adverisement brochure. I further declare that I am not involved in any criminal case and/or no such case is pending against me in any court of law.