

All India Institute of Medical Sciences

Ansari Nagar, New Delhi - 110608

APPLICATION FORM - Nursing Officer Recruitment Common Eligibility Test (NORCET) - 2021

Candidate ID: 5941030688 **Registration No:** 52022765 Registration Date: 19/10/2021 **Candidate Profile**

Candidate Name: SHIVANI	Date of Birth: 03 Jul 1999
Gender: Female	Category: General
Father's Name: MR. DASHRATH SINGH RAWAT	Mother's Name: MRS. SUNITA DEVI
Persons with Benchmark Disability Status: No	PWBD Category: NA
Nationality: INDIAN	State of Domicile: DELHI
Applied for: Nursing Officer Poeruitment Common Eligibility Test (NODCET) - 2021	



Nursing Officer Recruitment Common Eligibility Test (NORCET) - 2021

Are you a Central Government Employee: No

Are you a Ex-Service men: No

Contact Details

Address for Permanent: 1821/3 ,3RD FLOOR SHER SINGH BAZAR, KOTLA MUBARAKPUR , NEW DELHI, Lodi Road , DELHI, India, 110003	Correspondence Address: 1821/3 ,3RD FLOOR SHER SINGH BAZAR, KOTLA MUBARAKPUR , NEW DELHI, Lodi Road , DELHI, India, 110003		
Mobile No : 1 . 8920360083 , 2 . No	E-Mail ID: shivanirawat0307@gmail.com		

Qualification Details

Qualifying Exam	University Name	Collage Name	Admission Date	Passing Date
B.Sc (Hons.) Nursing / B.Sc Nursing from an Indian Nursing Council recognized Institute or University	DELHI UNIVERSITY	RAJKUMARI AMRIT KAUR COLLEGE OF NURSING	20/07/2017	05/06/2021

Registration Number with Nursing Council of India/State Nursing Council

Registered as	Registration No:(Nurse)	Registration No.: (Midwife)	State Name of Nursing Council:	Issuing Date of Registration:	
Nurse and Midwife	91963	91963	DELHI	02/08/2021	

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

ID Proof: Adhar Card	ID No: 279804804787	Place of Issue: INDIA	Issue Date: NA	Valid Till: NA

Payment Details

Mode: Online	Date: 20/10/2021	Transaction ID: 8103068866	Amount: 3000

Do you have experience: No

Examination City Opted:

Exam City (Preference 1):

State: DELHI/NEW
DELHI NCR
DELHI/FARIDABAD/GURUGRAM/NOIDA/GREATER NOIDA

State: UTTAR **PRADESH**

Exam City (Preference 2): GHAZIABAD

Exam City (Preference UTTARAKHAND3): HARIDWAR

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





Thumb of Candidate