

E-signed Declaration Health Care Professional

Personal Details:

Name:	Shanta Kumari Pargee
HPR-ID:	71-1504-1542-0329
Professional Type:	Nurse
Sub Category:	Registered Nurse and Registered Midwife (RN & RM)
Mobile No:	9571786521
Email-Id:	shantakumaripargee@gmail.com
Salutation:	Ms
First Name:	Shanta
Middle Name:	Kumari
Last Name:	Pargee
Nationality:	Indian
Languages Spoken:	Hindi

Communication Address:

Name:	Shanta Kumari Pargee
Address:	C/O D/O Himmat Lal Chikli Poona Bagidora
Country:	Indian
State:	Rajasthan
District:	Banswara
City/Town/Village:	
Postal code:	327031
Have you shared your Phone no for public:	Yes
Mobile No:	9571786521
Have you shared your Email-Id for public:	YES

Registration Details:

Registered with Council:	Rajasthan Nursing Council, Jaipur
Registered Number:	40983/28487
Registration Date (if Available):	16/02/2009
Registration:	Renewable
Due Date Of Renewal:	31/12/2028
Do you have NUID?:	No
NUID Number:	
NUID Valid Till:	

Qualification Details:

Name of Degree or Diploma: Gnm
Country Name: India
State Name: Rajasthan
College Name: Shree Balaji School Of Nursing Jodhpur
University Name: rnc jaipur

Work Details:

Currently Working: Yes
Nature of Work: Practice
Working With: Government only

Facility Details:

Facility ID	Facility Status	Name	Address	State	District	Type	Department	Designation	Status
IN0810000103	Submitted	Pannadhay Rajkiya Mahila Chikitsalaya	Chetak Circle	Rajasthan	Udaipur	Medical College	Superintendent P.D. Zanana Govt. Hospital Udaipur	Nursing Officer	DECLARED

Declaration

I hereby declare that I am voluntarily sharing above mentioned particulars and information. I certify that the above information furnished by me is true, complete, and correct to the best of my knowledge. I understand that in the event of my information being found false or incorrect at any stage.

Name: Shanta Kumari Pargee
Healthcare Professional ID Number: 71-1*****-0329
Digital Signature: