



All India Institute of Medical Sciences

Ansari Nagar, New Delhi - 110608


APPLICATION FORM - Nursing Officer Recruitment Common Eligibility Test (NORCET) - 2020

Candidate Profile

Candidate ID: 5931032249

Registration No: 52022768

Registration Date: 07/08/2020

Candidate Name: ARTI KANDPAL	Date of Birth: 07 Jul 1996	
Gender: Female	Category: General	
Father's Name: MAHESH CHANDRA KANDPAL	Mother's Name: HEMA KANDPAL	
Persons with Benchmark Disability Status: No	PWBD Category: NA	
Nationality: INDIAN	State of Domicile: UTTARAKHAND	
Applied for : Nursing Officer Recruitment Common Eligibility Test (NORCET) - 2020		

Are you a Central Government Employee : No

Are you a Ex-Service men : No

Contact Details

Address for Permanent: 157, WARD NO-7, CHEER DEEPO-1, RAMPUR ROAD, HALDWANI, NAINITAL, , Haldwani, UTTARAKHAND, India, 263139	Correspondence Address: NEAR SBI BANK, WORKING RESIDENCE FEMALE, SWAMI RAMA HIMALAYAN UNIVERSITY, JOLLYGRANT, DEHRADUN, , Bhaniawala, UTTARAKHAND, India, 248140
Mobile No: 1. 9897055418, 2. Alternate-MobileNo 9027010432	E-Mail ID: artikandpal56@gmail.com

Qualification Details

Qualifying Exam	University Name	Collage Name	Admission Date	Passing Date
Diploma in General Nursing Midwifery from an Indian Nursing Council	UTTARAKHAND STATE MEDICAL FACULTY DEHRADUN	SCHOOL OF NURSING, HIHT JOLLY-GRANT, D.DUN	30/09/2013	08/08/2017

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	5857	5857	UTTARAKHAND	12/01/2018

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

ID Proof: Adhar Card	ID No: 814315025552	Place of Issue: INDIA	Issue Date: NA	Valid Till: NA
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Payment Details

Mode: Online	Date: 08/08/2020	Transaction ID: 7103224965	Amount: 1500
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Do you have experience : Yes

Organisation Name	Designation	Job Type	Start Date	End Date
Other	STAFF NURSE	Regular	19 Feb 2018	07 Aug 2020

Examination City Opted:

State:	Exam City (Preference 1):	State :	Exam City (Preference 2):	State :	Exam City (Preference 3):
UTTARAKHAND	DEHRADUN	UTTARAKHAND	HALDWANI	UTTARAKHAND	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.



Signature of Candidate



Thumb of Candidate