
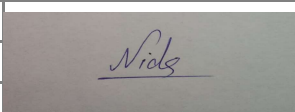


APPLIED FOR

Reference No.	Advertisement No.	Designation Name	Post Description	Discipline Description	Event Description
ITBP-2021-172-1572537	09/2021	Assistant Commandant	Dental Surgeon	General	General

PERSONAL DETAILS

Name	Nida Naseem		
Email	naseemahmadhint@gmail.com		
Mobile Number	7290904959		
Father Name	LATE NASEEM AHMAD		
Mother Name	AMNA KHATOON		
Date Of Birth	25-04-1994		
Country	INDIA		

OTHER DETAILS

Religion	Muslim	Nationality	Indian
Gender	Female	Marital Status	UnMarried
Category	UR	Service/Ex-Serviceman	Private/PSU/Unemployed
Riot	Not affected by any of the above three		

ADDRESS DETAILS

Permanent	WS-47THIRD FLOOR STREET NO-11 SUDAMAPURI ,BABARPUR - DELHI-110032 ,Shahdara ,Delhi - 110032
Correspondence	WS-47THIRD FLOOR STREET NO-11 SUDAMAPURI ,BABARPUR - DELHI-110032 ,Shahdara ,Delhi - 110032

EDUCATIONAL DETAILS

Qualification Details	Institution Name	Marks(%)
BACHELOR OF DENTAL SURGERY	FACULTY OF DENTISTRY,JAMIA MILLIA ISLAMIA,NEW DELHI	59
12TH (PCB)	C-1,SARVODAYA KANYA VIDHALAYA , YAMUNA VIHAR,DELHI	75

PAYMENT DETAILS

Fee Amount :	You Are Exempted from paying fees.
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DECLARATION**Note:-**

- a. **Aspirants can apply for any one post out of the posts advertised under Medical Officer Selection Board-2021 in CAPFs as per eligibility conditions, else their candidature is liable to be cancelled for which applicants shall be solely responsible.**
- b. **It is compulsory for aspirants to indicate their order of preference for all CAPFs in the online application Form.**
- c. **Aspirants have to upload requisite documents on ITBP recruitment website as mentioned in detailed advertisement of MOSB-2021**

Declaration

I have read the recruitment notification of Medical Officer (MOSB)-2021 in CAPFs carefully and I fulfill all eligibility criteria i.e. education qualification, age, physical and medical standards and practical experience required for applied post. I have read, understood and agree to the note given above.

2. I hereby declare that the information given by me on the ITBP recruitment website is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is found to be incorrect, whether advertently or inadvertently, I will have to face the consequences as per the law, all the benefits availed by me shall be summarily withdrawn and my candidature will be cancelled for which I am solely responsible.

3. I also understand that if at any stage I am found by the Medical Officers Selection Board to have used unfair means in the recruitment process or if I have indulged in any misconduct my candidature can be cancelled by the Medical Officer Selection Board at its sole discretion.

ध्यान दें:-

1. उम्मीदवार पात्रता शर्त के अनुसार सीएपीएफ में चिकित्सा अधिकारी चयन बोर्ड -2021 के तहत विज्ञापित पदों में से किसी एक पद के लिए ही आवेदन कर सकते हैं, अन्यथा उनकी उम्मीदवारी रद्द कर दी जाएगी जिसके लिए आवेदक पूरी तरह से जिम्मेदार होंगे।
2. उम्मीदवारों को ऑनलाइन आवेदन पत्र में सभी सीएपीएफ के लिए अपने अधिमान क्रम को इंगित करना अनिवार्य है।
3. उम्मीदवारों को आईटीबीपी भर्ती वेबसाइट पर अपेक्षित दस्तावेजों को अपलोड करना होगा जैसा कि एम.ओ.एस.बी. (MOSB)-2021 के विस्तृत विज्ञापन में उल्लेख किया गया है।

घोषणा

मैंने सीएपीएफ में चिकित्सा अधिकारी (MOSB)-2021 की भर्ती अधिसूचना को ध्यान से पढ़ा है और मैं इस पद के लिए आवश्यक सभी पात्रता मानदंडों अर्थात् शैक्षिक योग्यता, आयु, शारीरिक और चिकित्सा मानदंड और व्यावहारिक अनुभव को पूरा करता हूँ। मैंने ऊपर दिए गए नोट को पढ़ा, समझा और इससे सहमत हूँ।

2. मैं एतद् द्वारा घोषणा करता हूँ कि भा.ति.सी.पु. भर्ती वेबसाइट पर मेरे द्वारा दी गई जानकारी मेरे ज्ञान और विश्वास के अनुसार सही है और इसमें कुछ भी छिपाया नहीं गया है। मुझे इस तथ्य की जानकारी है कि यदि मेरे द्वारा दी गई जानकारी चाहे जाने या अनजाने में गलत पाई जाती है, तो मुझे कानून के अनुसार परिणाम भुगतने होंगे, मेरे द्वारा लिए गए सभी लाभ वापस ले लिए जाएंगे और मेरी उम्मीदवारी को रद्द कर दिया जाए जिसके लिए मैं स्वयं पूरी तरह से जिम्मेवार रहूंगा।
3. मैं यह भी समझता हूँ कि यदि भर्ती प्रक्रिया के किसी भी स्तर पर मुझे चिकित्सा अधिकारियों के चयन बोर्ड द्वारा अनुचित साधनों का उपयोग करते हुए पाया जाता है या मैं किसी भी कदाचार में लिप्त पाया जाता हूँ, तो चिकित्सा अधिकारी चयन बोर्ड मेरी उम्मीदवारी को अपने स्वविवेक से रद्द कर सकता है।

DOCUMENTS UPLOADED

DOCUMENT NAME: Certificate in support of BDS or equivalent qualification and specialized qualification issued by the recognized university.



13BDS0026

Roll No:

1319696

Enrolment No:

جامعہ ملیہ اسلامیہ
JAMIA MILLIA ISLAMIA
(A Central University by an Act of Parliament)
NAAC Accredited Grade 'A'

BACHELOR OF DENTAL SURGERY

This is to certify that *Nida Naseem* has been awarded
the Degree of Bachelor of Dental Surgery of the Jamia Millia Islamia
in *2018* and was placed
in the *Second Division*

بیچلر آف ڈینٹل سرجری

تصدیق کی جاتی ہے کہ *نیدانسیم*
جامعہ ملیہ اسلامیہ کے بیچلر آف ڈینٹل سرجری ۲۰۱۸ء میں درجہ
دوم کے ساتھ
سند سے نوازا گیا۔


Musajjil
(Registrar) *مسجل*



Najma Akhtar
Shaikhul Jamia
(Vice-Chancellor) *شیخ الجامعہ*

1805207

New Delhi India, Dated

30 OCT 2019

نئی دہلی، ہند، مورخہ

DOCUMENT NAME: Registration certificate of Dental Council of India

DELHI DENTAL COUNCIL	
	
6 TH FLOOR, C-BLOCK, VIKAS BHAWAN- II, CIVIL LINES, DELHI - 110054 (Incorporated Under The Dentists Act, 1948)	
Certificate of Registration	
This is to certify that the person named below has been Registered as Dentist in Delhi Dental Council under the provisions of the Dentists Act, 1948.	
Registration No. A-15126	
Name:	Dr. NIDA NASEEM
Father's Name:	Sh. NASEEM AHMAD
Date of Birth:	25-04-1994
Qualification:	B.D.S (2018)
College:	FACULTY OF DENTISTRY, JAMIA MILLIA ISLAMIA, NEW DELHI
University:	JAMIA MILLIA ISLAMIA, NEW DELHI
Date of First Registration:	23-10-2018
Valid / Renewed Upto:	31-12-2022
Professional Address:	B-455, GALI NO.-6, B-BLOCK, GARHI MENDU, BHAJANPURA, NORTH EAST, DELHI-110053
Residential Address:	B-455, GALI NO.-6, B-BLOCK, GARHI MENDU, BHAJANPURA, NORTH EAST, DELHI-110053
	
	
SIGNATURE OF THE REGISTERED DENTIST	
	
Lt Col Dr. Anil Sabhlok (Retd). Officiating Registrar DELHI DENTAL COUNCIL	
DDC/Registration/2018/ 3482	
Dated: 23-10-2018	
NOTE : Every registered Dentist should renew his/her registration timely. Failure to do so, the Dentist is liable to have his/her name removed from the Register of Dentists under sub section (2) of section 39 of the Dentists Act 1948 from Delhi Dental Council. Any Change in his/her particulars should be immediately Intimated to the Registrar.	
THIS CERTIFICATE IS REQUIRED TO BE DISPLAYED IN THE CLINIC	
registrardelhidentalcouncil@gmail.com www.delhidentalcouncil.in	

