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Important Dates

Instructions for filling the Form

**Contact Information** 

Bank Details for Payment

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than one Post you will need to Register
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Home Advertisement Important Dates Instructions for filling the Form	Date Post	APPL Saturday, August 10, Tutor/Clinical Instruc			
Contact Information	Applicant	First Name Middle Name			
Bank Details for Payment	Name: Email Id Mobile No User name Password	Last Name  Submit			
		Submit			

On submitting the form, you will receive your user name & password at your email ID.

Home	
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Important Dates	APPLICANT LOGIN
Instructions for filling the Form	
Contact Information	
Bank Details for Payment	User Name
	Password
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	LOGIN

Click login if already registered

Step 1: Personal Details | Step:2 Educational / Professional | Step:3 Payment | Step: 4 Print Application

* denotes mandat	ory fields		
Personal Details	Tutor/Clinical Instructor (Nu	paing) Adut No	2019/07
	Anurag	rsing) Advt. No	2019/07
	Krishna	Father's Name:	SURENDRA PRASAD SHUKLA
	Shukla		
Date of Birth		. *	
(DD/MM/YYYY)*:	02/10/1988	Age (as on 25/08/2019)	30 Year(s) 10 Month(s) 23 Day(s)
Gender <sup>*</sup> :	Male ▼	Nationality:	INDIAN
Marital Status:	Married ▼	Spouse Name:	
Category*:	UR ▼	Reservation Desired (PWBD):	○ No ● Yes
Job Category <sup>*</sup>	Medical	▼ Reservation Type	One Leg Disability
Council. State	Madhya Pradesh ▼	Nursing registration No	12345
Contact Details			
Correspondence *	PLOT NO-277, CHANKYAPURI	-	Click if Permanent Address is same as Correspondance Address
Address :	TEST NO E773 CHARACTA SIG	Pormanent Address*	PLOT NO-277, CHANKYAPURI
		rei manent Audi ess :	LEOT NO 277, CHANKIAI OKI
Country*:	India	▼ Country*:	India ▼
State*:	Uttar Pradesh	▼ State*:	Uttar Pradesh ▼
City:	KANPUR	City:	KANPUR
Street <sup>*</sup>	CHANKYAPURI	Street*	CHANKYAPURI
PIN Code*:	208020	PIN Code*:	208020
Police Station*:	RATANLALNAGAR	Police Station *:	
Mobile Number*:	8458804784	Email ID*:	ANURAG.ITPROFESSIONAL@GMAIL.COM
Land line number:	91 0512 295042	Land line number:	91 0512 295042
		Mobile Number*:	8458804784
	nce Point (Unique/special rea ational Importance)	sons why you are specially or uniquely competent/motiva	ted to achieve the mandate of AIIMS Rishikesh which
UPP	into overv empleyee that	personally accountable for my success at work a works for and with me to create success for the	and know how to instill that mindset ne organization as a whole.
Upload Photo & S	ignature		

Date of Birth		Age*	2014(.) 40 1414 (.) 22 D(.)
(DD/MM/YYYY)*: 02/10/1988		(as on 25/08/2019)	30 Year(s) 10 Month(s) 23 Day(s)
Gender*: Male	•	Nationality:	INDIAN
Marital Status: * Married	▼	Spouse Name:	
Category*: UR	▼	Reservation Desired (PWBD):	No ○ Yes
Job Category <sup>*</sup> Medical	▼	Reservation Type	
Council. State Madhya Pradesh	▼	Nursing registration No	12345
Contact Details			
Correspondence	HANIVADUDT		Click if Permanent Address is same as
Address*: PLOT NO-277, C	HANKYAPUKI		Correspondance Address
		Permanent Address:	PLOT NO-277, CHANKYAPURI
Country*: India	▼	Country*:	India 🔻
State*: Uttar Pradesh	▼		Uttar Pradesh ▼
City: KANPUR			KANPUR
Street* CHANKYAPURI		-	CHANKYAPURI
PIN Code *: 208020		PIN Code*:	
Police Station*: RATANLALNAGAR		Police Station *:	
Mobile Number*: 8458804784		Email ID*:	ANURAG.ITPROFESSIONAL@GMAIL.COM
Land line 91 0512	295042	Land line number:	91 0512 295042
number: 51 0512	233042		
		Mobile Number*:	8458804784
Unique Performance Point (Unique is an Institute of National Importance		e specially or uniquely competent/motivat	ted to achieve the mandate of AIIMS Rishikesh whic
			nd know how to instill that mindset
UPP into every emp	loyee that works for an	nd with me to create success for th	e organization as a whole.
Upload Photo & Signature			
Upload your Passport size			
Photo(.JPG,.GIF,.PNG):Size of file should be between 20kb-			
50 kb, Dimensions 200 x 230	Change Pic		
pixels (preferred) Upload your scanned	Change Pic		
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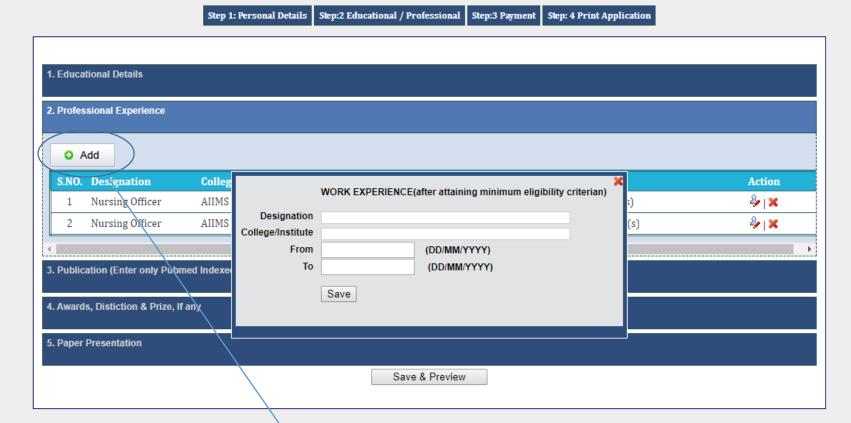
Step 1: Personal Details	Step:2 Educational / Professional	Step:3 Payment	Step: 4 Print Application

SN	Examination	Subjects/Speciality	Board/University	Year	Marks Obtained	Total Marks	
1	Highschool *	science	UP Board	2002	200	3000	
2	Intermediate *	Art	UP Board	2004	10	52	
3	Graduation* Hindi B Com		RGPV	2007	30	40	
4	Post Graduation MSc	English	RGPV	2009			
5	Other Qualification						
6	Other Qualification						
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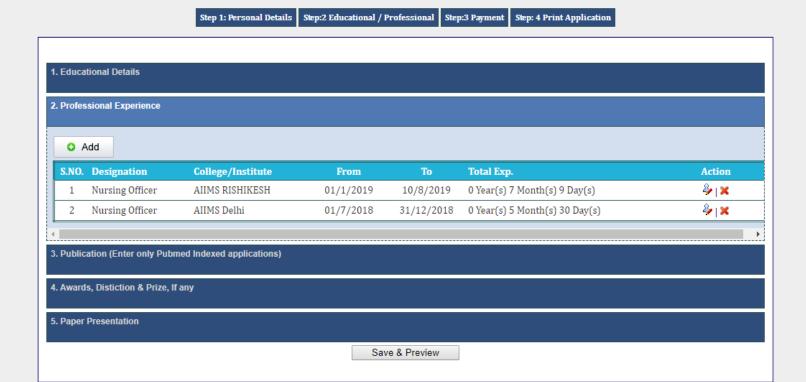
After submitting personal details, you will be redirected to educational details page, fill your educations one by one.

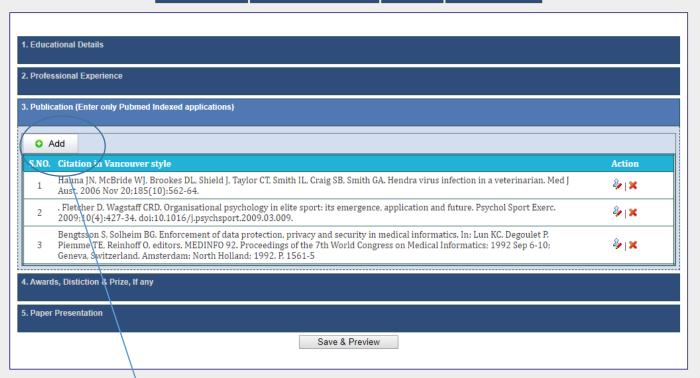


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# ALL INDIA INSTITUTE OF MEDICAL SCIENCES RISHIKESH

# TUTOR/CLINICAL INSTRUCTOR (NURSING)

#### APPLICATION NUMBER: AIIMSRISH005

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											PLEASE	PATSE HERE	
_	NAME:				KRISHNA SH							ED PASSPORT	
2.	FATHE	R'S NAME:			RA PRASAD SI					_	SIZE PI	HOTO HERE	
3.	DATE 0	OF BIRTH		02-10-1	988 ; AGE: 30	YEAR	(S) 10 MONTH(S) 2	3 DAY(S)		HOTO			
4.	NATIO	NALITY:		INDIAN					/	HOTO NOT			
5.	GENDE	R:		MALE					ave	AILABLE			
6.	MARIT	AL STATUS:		MARRIE	D JOB CAT	EGOF	RY: MEDICAL		A.V.	AILABLE			
7.	SPOUS	E NAME.:											
8.	MED. C	OUNCIL REG	ISTRATION N	i <b>O.</b> 12345									
9.	STATE:			MADHY	A PRADESH					flur -			
10.	CATEG	ORY:		UR							1	1	
11.	RESER	VATION DESI	RED (PWD):	YES RE	SERVATION TY	PE C	ONE LEG DISABILITY	(	_				
	CONT	TACT DET	TAILS										
12.	CORRE	SPONDENCE	ADDRESS:	PLOT N	D-277, CHANK	YAPUI	RI						
13.	CITY:			KANPUI	R								
14.	STATE:			UTTAR I	PRADESH								
15.	COUNT	'RY:		INDIA									
16.	PINCOI	DE:		208020									
17.	POLICE	STATION:		RATANL	RATANLALNAGAR								
18.	PHONE	NUMBER:		91-0512	1-0512-295042								
19.	MOBIL	E NUMBER:		845880	4784 <b>20.EMA</b>	L ID:	ANURAG.ITPROFES	SIONAL@GMAI	L.COM				
21.	EDU(	CATIONA	L QUALII	FICATION									
	S.NO.	COURSE NAME	SPECIALITY	INSTITUTE	UNIVERSITY	YEAF	RSUBJECT	MARKS OBT./GRADE	MARKS TOT.	PERCENTAGE			
	1	BSC		AIIMS DELHI	AIIMS DELHI	2018	NURSING SUBJECT	rs	400	500	80.00		
	2	12 TH		CENTRAL SCHOOL	CBSE	2015	GENERAL HINDI I		, PHYSICS,	300	500	60.00	
	3	10 TH		CENTRAL	CBSE	2013	HINDI, ENGLISH, N		SOCIAL	350	500	70.00	
				SCHOOL			SCIENCE,SANSKRI	T					
22.	PRO	FESSION	AL EXPE	RIENCE									
	S.NO.	DESIGNATION	ON	COLLEGE/INS	TITUTE		FROM	TO	TO	TAL EXP.			
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	2	NURSING OF	FFICER	AIIMS DELHI			UNDAY, JULY 1, 018	MONDAY, DECEMBER 31	, 2018 O Y	0 YEAR(S) 5 MONTH(S) 30 DAY(S)			
23.	AWA	RDS. DIS	TINCTIO	N AND PR	IZES. IF A								
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	2			CRD. ORGANIS 4. DOI:10.1016			OGY IN ELITE SPORT 9.03.009.	: ITS EMERGEN	CE, APPLIC	CATION AND FUTU	RE. PSYCH	OL SPORT	
	3	BENGTSSON	S, SOLHEIM	BG. ENFORCEM	ENT OF DATA F	ROTE	ECTION, PRIVACY AN INGS OF THE 7TH W						
		GENEVA, SW	ITZERLAND.	AMSTERDAM: N	NORTH HOLLA	ND; 1	992. P. 1561-5						

13.	CITY: KAI					ANPUR									
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15.	COUNT	RY:		INDIA	NDIA										
16.	PINCOL	DE:			208020	08020									
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18.	PHONE	NUMBER:			91-0512	-295042									
19.	MOBILI	E NUMBER:			8458804	1784 <b>20.EMA</b>	IL ID	: ANURAG.ITPROFES	SIONAL@GMAIL.COM						
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	S.NO.	COURSE NAME	SPECIALITY	INST	ITUTE	UNIVERSITY	YEA	R SUBJECT			MARKS OBT./GRADE	MARKS TOT.	PERCENTAGE		
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Edit/Update

Submit Application

Click submit if you have properly filled application form, otherwise click Edit/Update button to edit application. Remember, after clicking Submit Application button you will not be able to edit your application form.



## ALL INDIA INSTITUTE OF MEDICAL SCIENCES RISHIKESH

TUTOR/CLINICAL INSTRUCTOR (NURSING)

#### APPLICATION NUMBER: AIIMSRISH005

PE	RSON	AL DETA	ILS											
													DIEVEE	PATSE HERE
1.	NAME:			ANURAG KRISHNA SHUKLA										D PASSPORT
2.	FATHE	R'S NAME:		ST	UREND	RA PRASAD SI	HUKL	.A			7			OTO HERE
3.	DATE 0	F BIRTH		0:	2-10-19	988 ; <b>AGE:</b> 30	YEAF	R(S) 10 MONTH(S) 23	B DAY(S)			IOTO		
4.	NATION	NALITY:		11	NDIAN							OTO		
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6.	MARIT	AL STATUS:		M	1ARRIE	D JOB CAT	EGO	RY: MEDICAL			WA	LABLE		
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12.	CORRE	SPONDENCE	ADDRESS:	P	LOT NO	)-277, CHANK	YAPII	RI						
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15.	COUNT				NDIA	KADESH								
16.	PINCOL				08020									
17.		STATION:				ALNAGAR								
18.		NUMBER:				-295042								
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19.	MORIL	E NUMBER:		8.	458804	1784 20 FMA	II. ID:	: ANURAG.ITPROFES	SIONAL@GMA	AII COM				
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Ш	HELP ACHIVE THE MANDAT	E OF AIIMS BHOPAL WHICH IS AN INST	ITUTE OF NATIONAL IMPORTANCE.							
		LY ACCOUNTABLE FOR MY SUCCESS AT WORK AND K VITH ME TO CREATE SUCCESS FOR THE ORGANIZATIO								
27.	PROOF OF PAYMENT									
	PAYMENT ID:NIL	PAYMENT AMOUNT: NIL								
	TRANSACTION NO: NIL									
28	DECLARATION									
	I <b>ANURAG KRISHNA SHUKLA</b> HEREBY DECLARE THAT ALL THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIER IN THE EVENT OF ANY INFORMATION BEING FOUND FALSE OR INCORRECT OR INELIGIBLE AND DELETED BEFORE OR AFTER EXAM / INTERVIEW, I HEREBY CONVEY MY CONSENT FOR CANCELLATION OF MY CANDIDATURE.									
	PLACE:		SIGNATURE OF THE CANDIDATE							
	DATE:									
$\square$										

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Click print application after making payment (if applicable).