

Home Advertisement Important Dates	Date		ICANT REGISTRATION
Instructions for filling the Form	Post	Saturday, August 10, 3 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	

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

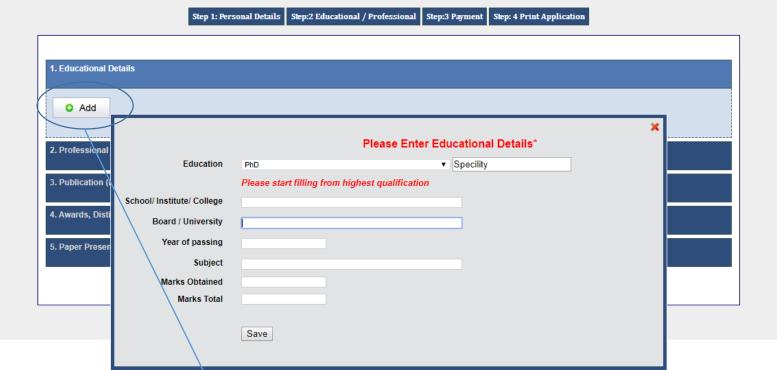
Home		
Advertisement		
Important Dates		APPLICANT LOGIN
Instructions for filling the Form		
Contact Information		
Bank Details for Payment	User Name	
	Password	
	Read B	
		LOGIN
		LOGIN

Click login if already registered

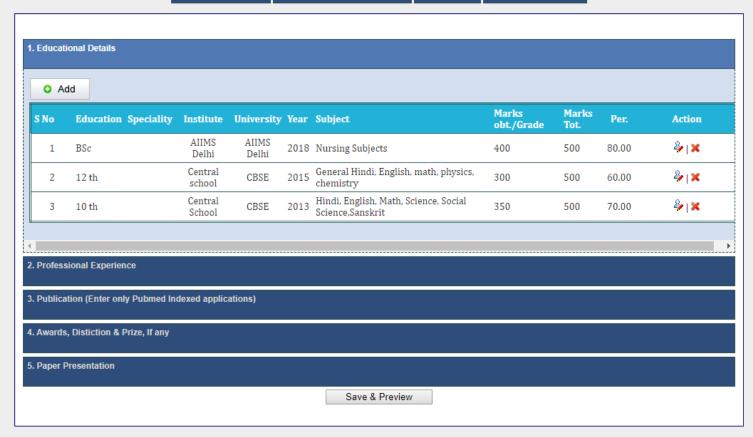
Step 1: Personal Details | Step:2 Educational / Professional | Step:3 Payment | Step: 4 Print Application

* 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 [*] :	Male ▼	Nationality:	INDIAN
Marital Status:	Married ▼	Spouse Name:	
Category*:	UR ▼	Reservation Desired (PWBD):	○ No ● Yes
Job Category [*]	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*	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		

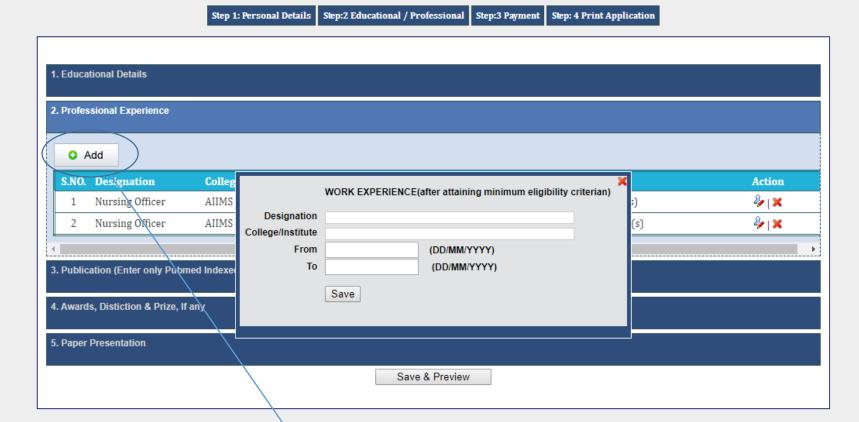
Date of Birth		Age*	2014(.) 40 1414 (.) 22 D(.)
(DD/MM/YYYY)*: 02/10/1988		(as on 25/08/2019)	30 Year(s) 10 Month(s) 23 Day(s)
Gender*: Male	•	Nationality:	INDIAN
Marital Status: * Married	▼	Spouse Name:	
Category*: UR	▼	Reservation Desired (PWBD):	No ○ Yes
Job Category [*] Medical	▼	Reservation Type	
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		
Signature (.JPG,.GIF,.PNG):	. 1.11		



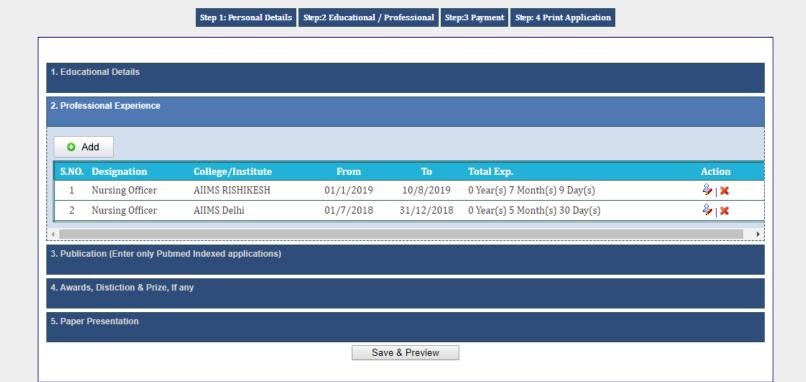
After submitting personal details, you will be redirected to educational & Professional detail page, click add button to add education one by one.

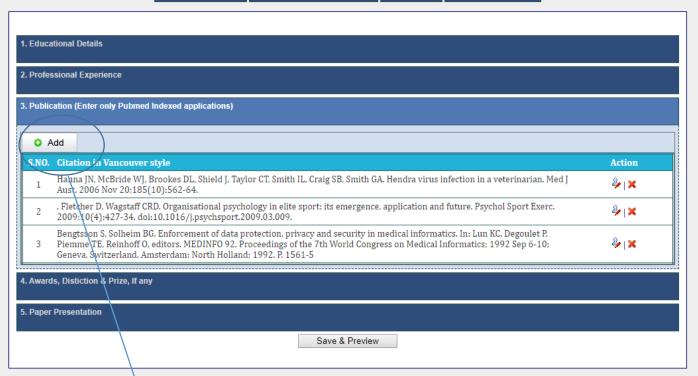


Copyright © All India Institute of Medical Sciences, Rishikesh. All rights Reserved.



Click add button to add experience one by one.





Click add button to add publication one by one by one (enter only PubMed indexed publications), similarly add award & Paper presentations in other sections, if any. After entering all details click on Save & Preview button to visit make payment section (If applicable) or Print application section (if not applicable).



ALL INDIA INSTITUTE OF MEDICAL SCIENCES RISHIKESH

TUTOR/CLINICAL INSTRUCTOR (NURSING)

APPLICATION NUMBER: AIIMSRISH005

DE	DCON	AL DEMA	II C											
PE	RSON	AL DETA	ILS											
											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 O. 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	91-0512-295042									
19.	MOBIL	E NUMBER:		845880	4784 20.EMA	L ID:	ANURAG.ITPROFES	SIONAL@GMAI	L.COM					
21. EDUCATIONAL QUALIFICATION														
	S.NO. COURSE SPEC		SPECIALITY	INSTITUTE	UNIVERSITY	YEAF	AR SUBJECT		MARKS OBT./GRADE		MARKS TOT.	PERCENTAGE		
	1	BSC		AIIMS DELHI	DELHI AIIMS DELHI 2018 NURSING SUBJECTS				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	350	500	70.00				
				SCHOOL			SCIENCE,SANSKRIT							
22.	PRO	FESSION	AL EXPE	RIENCE										
	S.NO.	DESIGNATION	ON	COLLEGE/INS	TITUTE		FROM	TO	TO	TAL EXP.				
	1				ESH		TUESDAY, JANUARY SATURDAY, A		GUST 0 Y	0 YEAR(S) 7 MONTH(S) 9 DAY(S))		
	2	NURSING OF	FFICER	AIIMS DELHI			UNDAY, JULY 1, 018	MONDAY, DECEMBER 31	, 2018 O Y	YEAR(S) 5 MONTH(S) 30 DAY(S)				
23.	AWA	RDS. DIS	TINCTIO	N AND PR	IZES. IF A									
24.	PUB	LICATION	V .											
	S.NO.	PUBLICATION												
	1		ACBRIDE WJ, NOV 20;185(1		HIELD J, TAYLO	R CT,	SMITH IL, CRAIG SE	3, SMITH GA. HE	NDRA VIR	US INFECTION IN	A VETERIN	ARIAN. MED J		
	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:				KANPUR										
14.	. STATE:					UTTAR PRADESH									
15.	COUNT	RY:			INDIA										
16.	PINCOL	E:			208020										
17.	POLICE	STATION:			RATANL	RATANLALNAGAR									
18.	PHONE	NUMBER:			91-0512	91-0512-295042									
19.	MOBILI	E NUMBER:			8458804	4784 20.EMA I	IL ID	: ANURAG.ITPROFES	SIONAL@GMAIL.COM						
21.	EDU(CATIONA	L QUALIF	FICAT	ΓΙΟΝ										
	S.NO.	COURSE NAME	SPECIALITY	INST	TTUTE	UNIVERSITY	YEA	R SUBJECT			MARKS OBT./GRADE	MARKS TOT.	PERCENTAGE		
	1	BSC		AIIMS	DELHI	AIIMS DELHI	2018	B NURSING SUBJECT	'S		400	500	80.00		
	2	12 TH		CENTE		CBSE	201	GENERAL HINDI, E CHEMISTRY	ENGLISH, MATH, PHYS	ICS,	300	500	60.00		
	3	10 TH		CENTE SCHOO		CBSE	2013	HINDI, ENGLISH, M SCIENCE, SANSKRI	IATH, SCIENCE, SOCIA T	L	350	500	70.00		
22.	2. PROFESSIONAL EXPERIENCE														
	S.NO.	DESIGNATION	ON	COLL	EGE/INS	GE/INSTITUTE FROM TO TOTAL				TAL EXP.					
	1	NURSING OF	FICER	AIIMS				TUESDAY, JANUARY 1, 2019	SATURDAY, AUGUST 10, 2019	0 YE	0 YEAR(S) 7 MONTH(S) 9 DAY(S)				
	2	NURSING OF	FICER	AIIMS				SUNDAY, JULY 1, 2018	MONDAY, DECEMBER 31, 2018	R 31, 2018 0 YEAR(S) 5 MONTH(S) 30 DAY(S))			
23.	AWAI	RDS, DIS	FINCTIO	N AN	D PRI	ZES, IF A	NY								
24.	PUBI	LICATION	Ī.												
	S.NO.	PUBLICATION)N												
	1		ICBRIDE WJ, I NOV 20;185(1			HIELD J, TAYLO	R CT	, SMITH IL, CRAIG SE	, SMITH GA. HENDRA	VIRU	S INFECTION IN A	VETERINA	ARIAN. MED J		
	2					ATIONAL PSYC J.PSYCHSPORT			: ITS EMERGENCE, AP	PLICA	TION AND FUTU	RE. PSYCHO	L SPORT		
	3	PIEMME TE,	REINHOFF O	EDITO	RS. MED	INFO 92. PROC	CEED		ND SECURITY IN MEDI ORLD CONGRESS ON N						
25.	PAPE	R PRESE	NTATION	I											
26.									OR UNIQUELY C N INSTITUTE O		•				
	I SEE M	YSELF AS TO	TALLY PERSO	NALLY	ACCOUN	TABLE FOR MY	Y SUC		KNOW HOW TO INST						

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:			A	NURAG	KRISHNA SH	UKLA	l .						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 ; AGE: 30	YEAF	R(S) 10 MONTH(S) 23	B DAY(S)			IOTO			
4.	NATION	NALITY:		11	NDIAN							OTO			
5.	GENDE	R:		M	1ALE						NA.	ILABLE			
6.	MARIT	AL STATUS:		M	IARRIE	D JOB CAT	EGO	RY: MEDICAL		WA	LABLE				
7.	SPOUSI	E NAME.:													
8.	MED. C	OUNCIL REGI	ISTRATION N	iO. 1	2345										
9.	STATE:			M	1ADHY/	PRADESH				_		fin -			
10.	CATEG	ORY:		U	IR								1	-	
11.	RESERV	VATION DESI	RED (PWD):	Y.	ES RES	SERVATION TY	YPE (ONE LEG DISABILITY							
	CONT	FACT DET	AILS							_					
12.	CORRE	SPONDENCE	ADDRESS:	P	LOT NO)-277, CHANK	YAPII	RI							
13.	CITY:	SI ONDENCE	ADDRESS.		ANPUR		IAI O	14							
14.	STATE:					RADESH									
15.	COUNT				NDIA	KADESH									
16.	PINCOL				08020										
17.		STATION:				ALNAGAR									
18.		NUMBER:				-295042									
	HONE	HOPEDER		- 1	1.0012	2,0012									
19.	MORIL	E NUMBER:		8.	458804	458804784 20.EMAIL ID: ANURAG.ITPROFESSIONAL@GMAIL.COM									
			CILATII			TOT DOIDING	L ID	THIOTOTOTOT LO	oronning or in	11210011					
21.	EDU	CATIONA	L QUALII	HICAII	ION										
	S.NO.	COURSE NAME	SPECIALITY	INSTIT	TUTE	UNIVERSITY	YEAI	R SUBJECT				MARKS OBT./GRADE	MARKS TOT.	PERCENTAGI	
	1	BSC		AIIMS D	ELHI	AIIMS DELHI	2018	NURSING SUBJECT	'S			400	500	80.00	
	2	12 TH		CENTRA SCHOOL		CBSE	2015	GENERAL HINDI, E	NGLISH, MAT	H, PHYSICS,		300	500	60.00	
	3	10 TH		CENTRA SCHOOL		CBSE	2013	HINDI, ENGLISH, N SCIENCE, SANSKRI		E, SOCIAL 350		350	500	70.00	
22.	DDO	FESSION	AI EVDE	DIENC	TF.										
	S.NO.	DESIGNATIO	ON	COLLEG	GE/INS	TITUTE		FROM	TO		TOTAL EXP.				
	1	NURSING OF	FICER	AIIMS F	RISHIKI	ESH		ruesday, January I, 2019	SATURDAY, AUGUST 0 YEAR(S)			AR(S) 7 MONTH(R(S) 7 MONTH(S) 9 DAY(S)		
	2	NURSING OF	FICER	AIIMS D	DELHI			SUNDAY, JULY 1, 2018	MONDAY, DECEMBER 3	1, 2018	0 YE	AR(S) 5 MONTH(S) 30 DAY(S)	
23.	AWA	RDS, DIS	TINCTIO	N AND) PRI	ZES, IF A	NY								
24.	PUBI	LICATION	I												
	S.NO.	PUBLICATION)N												
	1	HANNA JN, M				HIELD J, TAYLO	OR CT	; SMITH IL, CRAIG SE	, SMITH GA. H	IENDRA V	VIRUS	S INFECTION IN A	A VETERINA	ARIAN. MED J	
	2	. FLETCHER	D, WAGSTAFF	CRD. OR	RGANIS	ATIONAL PSYC		OGY IN ELITE SPORT	ITS EMERGE	NCE, APF	PLICA	TION AND FUTU	RE. PSYCHO	L SPORT	
	3	BENGTSSON	S, SOLHEIM	BG. ENFO	RCEME	ENT OF DATA I	PROT	9.03.009. ECTION, PRIVACY AN INGS OF THE 7TH W							
	Ľ	GENEVA, SW	ITZERLAND.	AMSTER				.992. P. 1561-5	ORLD CONGRI	LSS ON IV	EDIC	AL INFORMATIO	J, 1776 SEI	0-10;	
25.		R PRESE													
26.	UPP:	UNIQUE	/SPECIAL	REAS	ONS	WHY YOU	AR	E SPECIALLY	DR UNIQU	ELY C	OM	PETENT/MO	OTIVATE	ED TO	
26.								L WHICH IS A							
								CESS AT WORK AND GANIZATION AS A W		TO INSTI	LL T	HAT MINDSET IN	TO EVERY	EMPLOYEE	

26.	UPP: UNIQUE/SPECIAL REASONS WHY YOU ARE SPECIALLY OR UNIQUELY COMPETENT/MOTIVATED TO							
	HELP ACHIVE THE MANDA	ATE OF AIIMS BHOPAL WHICH IS AN INSTITUTE OF NATIONAL IMPORTANCE.						
		ALLY ACCOUNTABLE FOR MY SUCCESS AT WORK AND KNOW HOW TO INSTILL THAT MINDSET INTO EVER WITH ME TO CREATE SUCCESS FOR THE ORGANIZATION AS A WHOLE.						
27.	PROOF OF PAYMENT							
	PAYMENT ID:NIL	PAYMENT AMOUNT: NIL						
	TRANSACTION NO: NIL							
28	DECLARATION							
	I ANURAG KRISHNA SHUKLA HEREBY DECLARE THAT ALL THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. 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 CANDIDATUR							
	PLACE:	SIGNATURE OF THE CANDIDATE						
	DATE:							
$\overline{}$		- l						

Print

Commiste @ All fordir foreigner of Model of Coloner Dichiloch All ciches Document

Click print application after making payment (if applicable).