



# All India Institute of Medical Sciences Rishikesh

## अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

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<a href="#">Home</a>	<h2>APPLICANT REGISTRATION</h2> <p>Date: Saturday, August 10, 2019</p> <p>Post: Tutor/Clinical Instructor (Nursing) ▼</p> <p>Applicant Name: <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> <input type="text"/> Last Name</p> <p>Email Id <input type="text"/></p> <p>Mobile No <input type="text"/></p> <p>User name <input type="text"/></p> <p>Password <input type="password"/></p> <p><input type="button" value="Submit"/></p>
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- Home
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## APPLICANT LOGIN

User Name

Password

LOGIN

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Click login if already  
registered

\* denotes mandatory fields

## Personal Details

Applied for Tutor/Clinical Instructor (Nursing)

Advt. No 2019/07

Name: Anurag  
Krishna  
Shukla

Father's Name: SURENDRA PRASAD SHUKLA

Date of Birth  
(DD/MM/YYYY): 02/10/1988Age\* 30 Year(s) 10 Month(s) 23 Day(s)  
(as on 25/08/2019)

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

Address\*: PLOT NO-277, CHANKYAPURI

 Click if Permanent Address is same as Correspondence Address

Permanent Address\*: PLOT NO-277, CHANKYAPURI

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\*: RATANLALNAGAR

Mobile Number\*: 8458804784

Email ID\*: ANURAG.ITPROFESSIONAL@GMAIL.COM

Land line number: 91 0512 295042

Land line number: 91 0512 295042

Mobile Number\*: 8458804784

Unique Performance Point (Unique/special reasons why you are specially or uniquely competent/motivated to achieve the mandate of AIIMS Rishikesh which is an Institute of National Importance)

UPP

I see myself as totally personally accountable for my success at work and know how to instill that mindset into every employee that works for and with me to create success for the organization as a whole.

## Upload Photo &amp; Signature

Date of Birth  
(DD/MM/YYYY) : 02/10/1988

Age\* 30 Year(s) 10 Month(s) 23 Day(s)  
(as on 25/08/2019)

Gender\* : Male

Nationality: INDIAN

Marital Status\* : Married

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Reservation Type

Council. State : Madhya Pradesh

Nursing registration No 12345

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Country\* : India

State\* : Uttar Pradesh

State\* : Uttar Pradesh

City: KANPUR

City: KANPUR

Street\* CHANKYAPURI

Street\* CHANKYAPURI

PIN Code\* : 208020

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### Upload Photo & Signature

Upload your Passport size Photo(.JPG,.GIF,.PNG):Size of file should be between 20kb-50 kb, Dimensions 200 x 230 pixels (preferred)



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1. Educational Details

[+ Add](#)

2. Professional

3. Publication (s)

4. Awards, Dist

5. Paper Presen

**Please Enter Educational Details\***

Education

*Please start filling from highest qualification*

School/ Institute/ College

Board / University

Year of passing

Subject

Marks Obtained







Marks Total

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

1. Educational Details

+

Add

S No	Education	Speciality	Institute	University	Year	Subject	Marks obt./Grade	Marks Tot.	Per.	Action
1	BSc		AIIMS Delhi	AIIMS Delhi	2018	Nursing Subjects	400	500	80.00	   
2	12 th		Central school	CBSE	2015	General Hindi, English, math, physics, chemistry	300	500	60.00	   
3	10 th		Central School	CBSE	2013	Hindi, English, Math, Science, Social Science,Sanskrit	350	500	70.00	   

2. Professional Experience

3. Publication (Enter only Pubmed Indexed applications)

4. Awards, Distiction & Prize, If any





5. Paper Presentation

Save & Preview

## 1. Educational Details

## 2. Professional Experience

 Add

S.NO.	Designation	College/Institute	Action
1	Nursing Officer	AIIMS	 
2	Nursing Officer	AIIMS	 

## WORK EXPERIENCE(after attaining minimum eligibility criterion)

Designation College/Institute From  (DD/MM/YYYY)To  (DD/MM/YYYY)

Save

## 3. Publication (Enter only Pubmed Indexed)

## 4. Awards, Distinction &amp; Prize, If any

## 5. Paper Presentation

Save &amp; Preview





Click add button to add  
experience one by one.



1. Educational Details

2. Professional Experience

+ Add

S.NO.	Designation	College/Institute	From	To	Total Exp.	Action
1	Nursing Officer	AIIMS RISHIKESH	01/1/2019	10/8/2019	0 Year(s) 7 Month(s) 9 Day(s)	   
2	Nursing Officer	AIIMS Delhi	01/7/2018	31/12/2018	0 Year(s) 5 Month(s) 30 Day(s)	   

3. Publication (Enter only Pubmed Indexed applications)

4. Awards, Distiction & Prize, If any

5. Paper Presentation

Save & Preview

## 1. Educational Details

## 2. Professional Experience

## 3. Publication (Enter only Pubmed Indexed applications)

 Add

S.NO.	Citation in Vancouver style	Action
1	Hanna JN, McBride WJ, Brookes DL, Shield J, Taylor CT, Smith IL, Craig SB, Smith GA. Hendra virus infection in a veterinarian. Med J Aust. 2006 Nov 20;185(10):562-64.	 
2	. Fletcher D, Wagstaff CRD. Organisational psychology in elite sport: its emergence, application and future. Psychol Sport Exerc. 2009;10(4):427-34. doi:10.1016/j.psychsport.2009.03.009.	 
3	Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Reinhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North Holland; 1992. P. 1561-5	 

## 4. Awards, Distiction &amp; Prize, If any

## 5. Paper Presentation

Save &amp; Preview

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

## PERSONAL DETAILS

1.	NAME:	ANURAG KRISHNA SHUKLA
2.	FATHER'S NAME:	SURENDRA PRASAD SHUKLA
3.	DATE OF BIRTH	02-10-1988 ; AGE: 30 YEAR(S) 10 MONTH(S) 23 DAY(S)
4.	NATIONALITY:	INDIAN
5.	GENDER :	MALE
6.	MARITAL STATUS:	MARRIED JOB CATEGORY: MEDICAL
7.	SPOUSE NAME.:	
8.	MED. COUNCIL REGISTRATION NO.	12345
9.	STATE:	MADHYA PRADESH
10.	CATEGORY:	UR
11.	RESERVATION DESIRED (PWD):	YES RESERVATION TYPE ONE LEG DISABILITY



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## CONTACT DETAILS

12.	CORRESPONDENCE ADDRESS:	PLOT NO-277, CHANKYAPURI
13.	CITY:	KANPUR
14.	STATE:	UTTAR PRADESH
15.	COUNTRY:	INDIA
16.	PINCODE:	208020
17.	POLICE STATION:	RATANLALNAGAR
18.	PHONE NUMBER:	91-0512-295042
19.	MOBILE NUMBER:	8458804784 20.EMAIL ID: ANURAG.ITPROFESSIONAL@GMAIL.COM

## 21. EDUCATIONAL QUALIFICATION

S.NO.	COURSE NAME	SPECIALITY	INSTITUTE	UNIVERSITY	YEAR	SUBJECT	MARKS OBT./GRADE	MARKS TOT.	PERCENTAGE
1	BSC		AIIMS DELHI	AIIMS DELHI	2018	NURSING SUBJECTS	400	500	80.00
2	12 TH		CENTRAL SCHOOL	CBSE	2015	GENERAL HINDI, ENGLISH, MATH, PHYSICS, CHEMISTRY	300	500	60.00
3	10 TH		CENTRAL SCHOOL	CBSE	2013	HINDI, ENGLISH, MATH, SCIENCE, SOCIAL SCIENCE,SANSKRIT	350	500	70.00

## 22. PROFESSIONAL EXPERIENCE

S.NO.	DESIGNATION	COLLEGE/INSTITUTE	FROM	TO	TOTAL EXP.
1	NURSING OFFICER	AIIMS RISHIKESH	TUESDAY, JANUARY 1, 2019	SATURDAY, AUGUST 10, 2019	0 YEAR(S) 7 MONTH(S) 9 DAY(S)
2	NURSING OFFICER	AIIMS DELHI	SUNDAY, JULY 1, 2018	MONDAY, DECEMBER 31, 2018	0 YEAR(S) 5 MONTH(S) 30 DAY(S)

## 23. AWARDS, DISTINCTION AND PRIZES, IF ANY

## 24. PUBLICATION

S.NO.	PUBLICATION
1	HANNA JN, MCBRIDE WJ, BROOKES DL, SHIELD J, TAYLOR CT, SMITH IL, CRAIG SB, SMITH GA. HENDRA VIRUS INFECTION IN A VETERINARIAN. MED J AUST. 2006 NOV 20;185(10):562-64.
2	. FLETCHER D, WAGSTAFF CRD. ORGANISATIONAL PSYCHOLOGY IN ELITE SPORT: ITS EMERGENCE, APPLICATION AND FUTURE. PSYCHOL SPORT EXERC. 2009;10(4):427-34. DOI:10.1016/J.PSYCHSPORT.2009.03.009.
3	BENGTSOON S, SOLHEIM BG. ENFORCEMENT OF DATA PROTECTION, PRIVACY AND SECURITY IN MEDICAL INFORMATICS. IN: LUN KC, DEGOULET P, PIEMME TE, REINHOF O, EDITORS. MEDINFO 92. PROCEEDINGS OF THE 7TH WORLD CONGRESS ON MEDICAL INFORMATICS; 1992 SEP 6-10; GENEVA, SWITZERLAND. AMSTERDAM: NORTH HOLLAND; 1992. P. 1561-5

13.	CITY:	KANPUR								
14.	STATE:	UTTAR PRADESH								
15.	COUNTRY:	INDIA								
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	3	10 TH		CENTRAL SCHOOL	CBSE	2013	HINDI, ENGLISH, MATH, SCIENCE, SOCIAL SCIENCE,SANSKRIT	350	500	70.00
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25.	<b>PAPER PRESENTATION</b>									
26.	<b>UPP: UNIQUE/SPECIAL REASONS WHY YOU ARE SPECIALLY OR UNIQUELY COMPETENT/MOTIVATED TO HELP ACHIVE THE MANDATE OF AIIMS BHOPAL WHICH IS AN INSTITUTE OF NATIONAL IMPORTANCE.</b>									
	I SEE MYSELF AS TOTALLY PERSONALLY ACCOUNTABLE FOR MY SUCCESS AT WORK AND KNOW HOW TO INSTILL THAT MINDSET INTO EVERY EMPLOYEE THAT WORKS FOR AND WITH ME TO CREATE SUCCESS FOR THE ORGANIZATION AS A WHOLE.									

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:AIIMSRI005

PERSONAL DETAILS										
1.	NAME:	ANURAG KRISHNA SHUKLA								
2.	FATHER'S NAME:	SURENDRA PRASAD SHUKLA								
3.	DATE OF BIRTH	02-10-1988 ; AGE: 30 YEAR(S) 10 MONTH(S) 23 DAY(S)								
4.	NATIONALITY:	INDIAN								
5.	GENDER :	MALE								
6.	MARITAL STATUS:	MARRIED JOB CATEGORY: MEDICAL								
7.	SPOUSE NAME:									
8.	MED. COUNCIL REGISTRATION NO.	12345								
9.	STATE:	MADHYA PRADESH								
10.	CATEGORY:	UR								
11.	RESERVATION DESIRED (PWD):	YES RESERVATION TYPE ONE LEG DISABILITY								
CONTACT DETAILS										
12.	CORRESPONDENCE ADDRESS:	PLOT NO-277, CHANKYAPURI								
13.	CITY:	KANPUR								
14.	STATE:	UTTAR PRADESH								
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21. EDUCATIONAL QUALIFICATION										
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25. **PAPER PRESENTATION**

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I SEE MYSELF AS TOTALLY PERSONALLY ACCOUNTABLE FOR MY SUCCESS AT WORK AND KNOW HOW TO INSTILL THAT MINDSET INTO EVERY EMPLOYEE THAT WORKS FOR AND 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 CANDIDATURE.

PLACE:

DATE:

SIGNATURE OF THE CANDIDATE

Print

Click print application after making payment (if applicable).