OFFICE OF THE MEDICAL SUPERINTENDENT SAFDARJUNG HOSPITAL & V.M.M.C

SAMPLE COPY

O/C

		NEW DELHI-110029					
1.	Name of the Candidate	ANJU TOMAR					
2.	Father/Husband Name	RAM SINGH TOMAR					
3.	Date of Birth	15-08-1992 Gender Famale					
4.	Category (SC/ST/OBC/UR)/PH	UR					
6.	Mob. No.	931013 xx50					
7.	DD No. Date, Name of Bank	1 242001', 29/05/17, S.B.I					

Signature of Candidate

1.	Registration Number	
	(To be filled by Office)	



OFFICE OF THE MEDICAL SUPERINTENDENT SAFDARJUNG HOSPITAL & V.M.M.C NEW DELHI-110029

C/C

1.	Name of the Candidate	ANTU TOMAR
2.	Father/Husband Name	RAM STWIH TOMAR
3.	Date of Birth	15-08-1992 Gender Female
4.	Category (SC/ST/OBC/UR)/PH	UR
6.	Mob. No.	9310132250
7.	DD No. Date, Name of Bank	242001, 29/05/18, 53.7

Anju Signature of Candidate

1.	Registration Number	
	(To be filled by Office)	



Note: Please keep visiting official website of Safdarjung Hospital i.e www.vmmc-sjh.nic.in for further information.

SAFDARJUNG HOSPITAL & V.M.M.C NEW DELHI-110029

SAMPLE COPY

			NEW DELI	11-110029						
1	Name of the Candidate		ANJU TOMAR							
2	Father/Husband Name		RAM ST	RAM STWGH TOMAK						
3	Date of Birth		15-08-1992 Gender Fernale			rale	Paste Recent coloured			
4	Category (SC/ST/OBC	C/UR)	UR			- 17	photo	graph.		
4 (a)	Whether Physically Handicapped (Percentage & details of disability)		No							
5	Correspondence Address	s with	192, R.N.7							
	Pin Code		BARUT, BASHPAT (U.P) 12/341							
6	Mob.No.		9310132250				1.7 - 7			
7	Aadhar Card Number		2421131							
8	Qualification with Year/Board/Percentage	Course & Passing Year		Board/ University	Board/		Marks obtained	Perc. (%)		
i	10 th	2003		UP BOARD	UP BOARD		360	60%		
ii	12 th	2005		OP BOARD		500	350	70 y.		
iii	B.Sc (Hons.) in Nursing/ B.Sc Nursing/ Post Basic B.Sc Nursing GNM	B.S((N),		T.P. UNIVERSITY		1200	1080	60%		
iv	Any Higher Education									
9	Name of Nursing Counci	1	DELHZ NURSING C			COUNCIL				
10	Registration No. of Nursing Council.		R.N.C No.	Date Of Registration		Valid Upto				
			121342	56 2009		1/01/2019				
11	Experience as on to tage (after Nursing Council Registr	ation)	8 years, 2 months.							
12	Name of Hospital & Bed Strength		BATRA HOSPITAL WEW PELMI, 150 DED							
13	Email.		abe @ ghail. com				No.			
14	Any additional information	on	NA							
					10 -					

1. I solemnly declare that all statements made in this application are true, complete and correct to the best of my knowledge & belief and in the event of any information being found false or incorrect at any state of my service my candidature is liable to be cancelled and legal action may be initiated against me.

2. I fulfill all conditions of eligibility regarding age limit, educational qualification etc for this post.

Signature of the Candidate

Place: DE HZ.