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Home	<h2 style="text-align: center;">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="text"/></p> <p style="text-align: center;"><input type="button" value="Submit"/></p>
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- Contact Information
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APPLICANT LOGIN

User Name

Password

LOGIN

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)*: 02/10/1988

Age* 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 & 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

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
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

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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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Upload your scanned Signature (.JPG,.GIF,.PNG):



1. Educational Details

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

1. Educational Details

2. Professional Experience

[+ Add](#)

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

3. Publication (Enter only Pubmed Indexed)

4. Awards, Distinction & Prize, If any

5. Paper Presentation

Save & Preview

WORK EXPERIENCE(after attaining minimum eligibility criterion)

Designation

College/Institute

From (DD/MM/YYYY)





To (DD/MM/YYYY)

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

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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 & Prize, If any

5. Paper Presentation

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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:AIIMSRIH005

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							
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	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								



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13.	CITY:	KANPUR								
14.	STATE:	UTTAR PRADESH								
15.	COUNTRY:	INDIA								
16.	PINCODE:	208020								
17.	POLICE STATION:	RATANLALNAGAR								
18.	PHONE NUMBER:	91-0512-295042								
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25.	PAPER PRESENTATION									
26.	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.									
	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.									

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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								
CONTACT DETAILS										
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13.	CITY:	KANPUR								
14.	STATE:	UTTAR PRADESH								
15.	COUNTRY:	INDIA								
16.	PINCODE:	208020								
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18.	PHONE NUMBER:	91-0512-295042								
19.	MOBILE NUMBER:	8458804784		20.EMAIL ID: ANURAG.ITPROFESSIONAL@GMAIL.COM						
EDUCATIONAL QUALIFICATION										
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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)		
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PAPER PRESENTATION										
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25. **PAPER PRESENTATION**

26. **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.**

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).