

DINSHA PATEL COLLEGE OF NURSING, NADIAD

5.2.1 Average percentage of students qualifying in state/ national/ international level examinations during the last five years (eg: NET/SLET/GATE/GMAT/CAT, GRE/TOFEL/Civil Services/State government examinations) (10)

Details of students Qualified in State/National/International level examinations

(Academic Year: 2014-2015)

Sr.no	Name of Qualified Students	Name of State/National/International level examinations
1	Bhoi Kevalbhai Gopalbhai	IELTS
2	Chaudhari Riddhu Tulsibhai	IELTS
3	Parmar Shraddha Vinodbhai	IELTS
4	Christian Brijita Linas	IELTS
5	Patel Hetalbahen Vinodbhai	IELTS
6	Patel Hiralben Arvindbhai	IELTS
7	Patel Nidhiben Dipakbhai	IELTS
8	Patel Dipal Ashvinkumar	IELTS
9	Patel Riddhibahen Aswinbhai	IELTS
10	Patel Shivani Bhupendrabhai	NCLEX
11	Jadav priyanka	Government Staff Nurse Examination
12	Patel Aashika	CCCH Exam



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Test Report Form

ACADEMIC

NOTE Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID

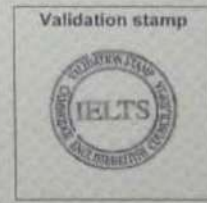


Date of Birth Sex (M/F) Scheme Code
Country or Region of Origin
Country of Nationality
First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments



Administrator's Signature

Date Test Report Form Number



The validity of this IELTS Test Report Form can be verified online by recognising organisations at <http://ielts.ucies.org.uk>



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Centre Number

IN001

Date

23/JAN/2016

Candidate Number

111326

Candidate Details

Family Name

PATEL

First Name

DIPALBEN ASHVINKUMAR

Candidate ID

L9672496



Date of Birth

03/06/1994

Sex (M/F)

F

Scheme Code

Private Candidate

Country or Region of Origin

Country of Nationality

INDIA

First Language

GUJARATI

Test Results

Listening

6.0

Reading

6.0

Writing

6.5

Speaking

5.5

Overall Band Score

6.0

CEFR Level

B2

Administrator Comments

Empty box for Administrator Comments.

Centre stamp



Validation stamp



Administrator's Signature

Rajal Patel

Date

04/02/2016

Test Report Form Number

15IN111326PATD001A



CAMBRIDGE ENGLISH
Language Assessment
Part of the University of Cambridge



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ACADEMIC

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Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID



Date of Birth Sex (M/F) Scheme Code
Country or Region of Origin
Country of Nationality
First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments

Centre stamp



Validation stamp



Administrator's Signature

Date

Test Report Form Number



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Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID



Date of Birth Sex (M/F) Scheme Code

Country or Region of Origin

Country of Nationality

First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments

Centre stamp



Validation stamp



Administrator's Signature

Date

Test Report Form Number



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ACADEMIC

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Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID



Date of Birth Sex (MF) Scheme Code
Country or Region of Origin
Country of Nationality
First Language

Test Results
Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments



Administrator's Signature

Date Test Report Form Number



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Commonwealth of Pennsylvania
 Department of State
 Bureau of Professional and Occupational Affairs
 PO BOX 2649 Harrisburg PA 17105-2649

19 0652748

License Type
Registered Nurse

SHIVANI DIPEN PATEL
 114 S IRVING AVE
 SCRANTON, PA 18505

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 DEPARTMENT OF STATE

License Status
Active

Initial License Date
02/22/2018

License Number
RN704600

Expiration Date
04/30/2021

Shivani Patel
Signature

K. Kelly Jones
Acting Commissioner of Professional and Occupational Affairs

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 P.A.C.S. § 4911

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

INSHA PATEL COLLEGE OF NURSING, NADIAD



**Details of students Qualified in State/National/International level
examinations**

(Academic Year: 2015-2016)

Sr.no	Name of Qualified Students	Name of State/National/International level examinations
1	Patel Hetshvi N.	IELTS
2	Patel Kena Rajivbhai	IELTS
3	Patel Kevinkumar Sumanbhai	IELTS
4	Patel Kiranben Jayantbhai	IELTS
5	Patel Kirtankumar Harshadbhai	IELTS
6	Patel Margiben Suryakant	IELTS
7	Patel Minalben Kirtanbhai	Government Staff Nurse Exam
8	Patel Mittalben Mahendrabhai	IELTS
9	Patel Monika Shashikant	IELTS
10	Variaya Heenaben Hasmukhbhai	Government Staff Nurse Exam
11	Thakar Shreyaben Dhimantkumar	Government Staff Nurse Exam
12	Chaudhari Hetalben Mavjibhai	Government Staff Nurse Exam
13	Parmar Heenaben Mohanbhai	IELTS
14	Patel Nidhiben Kamalkumar	IELTS
15	Patel Romit	CCCH Exam
16	Chaudhari Hetal	CCCH Exam



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Test Report Form

ACADEMIC

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Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID

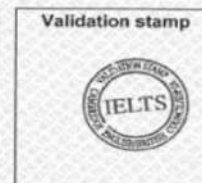


Date of Birth Sex (M/F) Scheme Code
Country or Region of Origin
Country of Nationality
First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments



Administrator's Signature

Date

Test Report Form Number



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ACADEMIC

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GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.
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Centre Number IN001

Date 12/MAY/2018

Candidate Number 034772

Candidate Details

Family Name PARMAR

First Name HEENABEN MOHANBHAI

Candidate ID R0008311



Date of Birth 02/09/1994

Sex (M/F) F

Scheme Code Private Candidate

Country or Region of Origin

Country of Nationality INDIA

First Language GUJARATI

Test Results

Listening 5.0

Reading 5.0

Writing 5.5

Speaking 6.0

Overall Band Score 5.5

CEFR Level B2

Administrator Comments

Empty box for Administrator Comments

Centre stamp



Validation stamp



Administrator's Signature

Rajal Patel

Date 24/05/2018

Test Report Form Number

18IN034772PARH001A



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Test Report Form

ACADEMIC

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GENERAL TRAINING Reading and Writing Modules are **not** designed to test the full range of language skills required for academic purposes.
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Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID



Date of Birth Sex (M/F) Scheme Code
Country or Region of Origin
Country of Nationality
First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments

Centre stamp



Validation stamp



Administrator's Signature

Rajul Patel

Date

Test Report Form Number



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IELTS™


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ACADEMIC

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Centre Number Date Candidate Number



Candidate Details

Family Name	PATEL				
First Name	HETASHVI NIMESHKUMAR				
Candidate ID	L2679333				
Date of Birth	<input type="text" value="07/05/1995"/>	Sex (M/F)	<input type="text" value="F"/>	Scheme Code	<input type="text" value="Private Candidate"/>
Country or Region of Origin	<input type="text"/>				
Country of Nationality	<input type="text" value="INDIA"/>				
First Language	<input type="text" value="GUJARATI"/>				

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments

Centre stamp 	Validation stamp 
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Administrator's Signature

Rajal Patel

Date

Test Report Form Number



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TRUE COPY
K. M. PATEL
Notary Advocate
S/1, Trimbh Complex,
Station Road, Nadiad,
Kheda District, Gujarat, INDIA

14 JUN 2017



ક્રમાંક:જી/પડ/અરવ/અકમ:પસી: ૨૪૯ થી ૨૫૫ : ૨૦૧૭
 ડાંગ જિલ્લા પંચાયત "આરોગ્ય શાખા" આદવા
 તારીખ : ૧૧ : ૦૯ : ૨૦૧૭

વંચાણમાં સીધું :

૧. સરકારશ્રીના, પંચાયત ગ્રામ જૂલ નિર્માણ અને ગ્રામ વિકાસ વિભાગ સચિવાલય, ગાંધીનગરના તા.૨૧/૦૨/૨૦૧૭ ના ઠરાવ ક્રમાંક/૧૦૨૦૧૦-૨૧૫૭૪૬-મ.
૨. સરકારશ્રીના સામાન્ય વેલિવટ વિભાગ સચિવાલય, ગાંધીનગરના તા.૦૪/૦૬/૨૦૦૯ ના ઠરાવ ક્રમાંક : સીઆરસી : ૧૧-૨૦૦૮ - ૪૩૩૭૧૭ - જ.૫
૩. સરકારશ્રીના નાણાં વિભાગ, સચિવાલય, ગાંધીનગરના તા.૧૮/૦૧/૨૦૧૭ ના ઠરાવ ક્રમાંક :ખરવ:૨૦૨:૫૭:પાર્ટ-૨:જ.૧
૪. સચિવશ્રી, ગુજરાત પંચાયત સેવા પસંદગી બોર્ડ, અમદાવાદ જાહેરાત ક્રમાંક: GPSSB_10_2016_17 તથા પત્ર ક્રમાંક આરશી : ૨ : ૨૦૧૬-૧૭ : ૧૦૨૭૫ : તા. ૨૮ / ૦૭ / ૨૦૧૭

:: કાર્યાલય આદેશ ::

આમુખ -૧ અને ૪ થી સ્ટાફ નર્સની ખાલી પડેલ જગ્યાઓ ઉપર રૂ. ૩૧૩૪૦/- (અંક રૂપિયા એકત્રીસ હજાર ત્રણસો ચાલીસ પુરા) ના માસિક ઉચ્ચ વેતનથી સ્ટાફ નર્સ તરીકે નિમણૂક આપવાના જોગવાઈનો મુજબ આ ધોજનાના અન્વયે આમુખ-૪માં જણાવેલ સચિવશ્રી, ગુજરાત પંચાયત સેવા પસંદગી બોર્ડ, અમદાવાદના પર પ્વારા અંગેના જિલ્લામાં સ્ટાફ નર્સ તરીકે ફાળવણી કરવામાં આવેલ છે. જે અન્વયે નીચે જણાવેલ સ્થળે સ્ટાફ નર્સ માસિક ઉચ્ચ વેતનથી સામેલ કરારનામાની શરતો/ઓબીઓની આપિત શરતો નિમણૂક આપવાનું આથી આદેશ કરવામાં આવે છે. જે ઉમેદવારોને ખેંચ કરતા રહેશે.

ક્રમ	પસંદગી ક્રમાંક	ઉમેદવારનું નામ	હાજર થવાનું સ્થળ
૧	: ૧૦૫ :	શ્રેયાનબેન પીમંતુમાર ઠક્કર	અધિક જિલ્લા આરોગ્ય અધિકારીશ્રી ડાંગ જિલ્લા પંચાયત, આદવા

સરકાર આદેશ અનુસાર નિમણૂક વાળા સ્થળે ઉમેદવારે દિન-૩ (સાત) માં હાજર થવાનું રહેશે. અન્યથા મુદત પુરી થયે નિમણૂકનો આદેશ રદ થવાને પાત્ર થશે.

ઉમેદવારે ફરજ પર હાજર થતી વખતે નિયત નમુનામાં રૂ. ૨૫૦૦૦/- (અંક પચ્ચીસ હજાર પુરા)નું જમીન ખત રૂ. ૧૦૦ (અંક એક સો પુરા) ના સ્ટેમ્પ ઉપર અધિક જિલ્લા આરોગ્ય અધિકારીશ્રી, ડાંગ જિલ્લા પંચાયત, આદવા ને રૂબરૂ રજુ કરવાનું રહેશે. તેમજ શરતો અને ઓબીઓ સિવાય છે, તે અંગેનું સંમતિપત્ર રજુ કરવાનું રહેશે. ઉમેદવારે શારીરિક યોગ્યતાનું પ્રમાણપત્ર સિવિલ સર્જનશ્રી પાસેથી મેળવીને એક માસમાં અધિક જિલ્લા આરોગ્ય અધિકારીશ્રી, ડાંગ જિલ્લા પંચાયત, આદવા સમક્ષ રજુ કરવાનું રહેશે. આ નિમણૂક નામદાર સુપ્રિમ કોર્ટ અને હાઈકોર્ટમાં આ અંગેના પડતર દાવાનો ચુકાદાને આપિત રહેશે.

આદેશનો ચુસ્તપણે અમલ કરવાનો રહેશે.

:: રવાના કરું ::

અધિક જિલ્લા આરોગ્ય અધિકારીશ્રી
 ડાંગ જિલ્લા પંચાયત, આદવા

સહી/- (એચ. કે. વડવાણીયા)
 જિલ્લા વિકાસ અધિકારી
 ડાંગ જિલ્લા પંચાયત, આદવા

પ્રતિ,
 શ્રેયાનબેન પીમંતુમાર ઠક્કર
 શ્રી આસુનોષ દુષા વડવાણી
 મુ. ખેડ વિ. ખેડ (નડીયાદ)
નકલ સવિનય રવાના :

૧. સચિવશ્રી, ગુજરાત પંચાયત સેવા પસંદગી બોર્ડ, અમદાવાદ તરફ
૧. સચિવશ્રી, ડાંગ જિલ્લા પંચાયત સેવા પસંદગી સમિતિ, આદવા તરફ
૨. વિસાબી અધિકારીશ્રી, ડાંગ જિલ્લા પંચાયત આદવા તરફ
૩. અધિક જિલ્લા આરોગ્ય અધિકારીશ્રી, ડાંગ જિલ્લા પંચાયત, આદવા
૪. ચિટનીશ્રી, ડાંગ જિલ્લા પંચાયત આદવા તરફ

નકલ વાકા ફાઈલે



IELTS™

Test Report Form

ACADEMIC

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GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.
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Centre Number IN855

Date 28/OCT/2017

Candidate Number 243286

Candidate Details

Family Name PATEL

First Name MITTALBEN MAHENDRAKUMAR

Candidate ID P8274157



Date of Birth 02/10/1994

Sex (M/F) F

Scheme Code Private Candidate

Country or Region of Origin

Country of Nationality INDIA

First Language GUJARATI

Test Results

Listening

Reading 5.0

Writing 5.5

Speaking 5.5

Overall Band Score 5.5

CEFR Level B2

Administrator Comments

Centre stamp



Validation stamp



Administrator's Signature

Date 09/11/2017

Test Report Form Number

17IN243286PATM855A



CAMBRIDGE ENGLISH
Language Assessment
Part of the University of Cambridge

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IELTS™

Test Report Form

ACADEMIC

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Centre Number: IN001 Date: 22/APR/2017 Candidate Number: 018172

Candidate Details

Family Name: PATEL
First Name: MONIKA SHASHIKANTEBAI
Candidate ID: P69S0812



Date of Birth: 15/03/1995 Sex (M/F): F Scheme Code: Private Candidate
Country or Region of Origin: [Blank]
Country of Nationality: INDIA
First Language: GUJARATI

Test Results

Listening: 5.5 Reading: 5.5 Writing: 6.0 Speaking: 5.5 Overall Band Score: 5.5 CEFR Level: B2

Administrator Comments

[Blank comment box]

Centre stamp



Validation stamp



Administrator's Signature

Rajal Patel

Date: 05/05/2017

Test Report Form Number: 17IN018172PATM001A



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GUJARAT UNIVERSITY

STATUS : GU
COMB. RANK : 32
CATEGORY MERIT NO : ST - 3
ADMISSION CATEGORY : ST

No. PG / Nursing / Adm / 32 / 2018-19
Gujarat University
Navrangpura, Ahmedabad - 380 009
Date : 24-APRIL-2018

PROVISIONAL ADMISSION ORDER

Academic Year 2018 - 19

To,
MAYURIBEN SHAILESHBHAI NAYKA



Sub :- You are provisionally admitted as under :

College / Institution : Govt. College of Nursing - New Civil Hospital
Subject / Branch : Obstetric and Gynecology Nursing
Teacher : Mrs. H.R. SHAH

Chairman
Post Graduate Nursing Admission Committee
Gujarat University - Ahmedabad

Your original documents are deposited with College/Institute.
Join the course on or before 1st MAY 2018.
Students admitted to Post Graduate Nursing Course are required to follow the instruction as mentioned.

1. Fees and deposits are to be paid immediately (P.G. Registration fees, Tuition fee for First term, Deposit etc.)
Failure to pay the fees immediately on selection will render the selection void and vacancy will be filled by the next candidate in merit list.
2. For each subsequent term the tuition fees and college fees must be paid within 15 days of the beginning of the term, i.e., before 15th May 15th Nov. Failure to pay fees within time may result in debarring him from attending course.
Late fee of Rs. 10 per day will be charged till 24th May 24th Nov. Then after late fee Rs. 250/- will be charged.
3. Every candidate abide by all the rules and regulations of Post Graduate admission of Gujarat University and Nursing Council of India. Every student is required to work full-time. is debarred from taking any part-time or full-time employment. If this condition is violated his/her registration will be cancelled and he/she shall not be eligible to apply in future.



DINSHA PATEL COLLEGE OF NURSING, NADIAD

Details of students Qualified in State/National/International level examinations

(Academic Year: 2016-2017)

Sr.no	Name of Qualified Students	Name of State/National/International level examinations
1	Bhabhor Sheetalben Bharatkumar	Government Staff Nurse Exam
2	Chavda Ansuyaben Vakhatsinh	Government Staff Nurse Exam
3	Christian Sebestin Devdas	IELTS
4	Kakadia Nisarg Anantkumar	Government Staff Nurse Exam
5	Macwan Jainaben Rajeshbhai	IELTS
6	Mehata Janki Daxeshkumar	IELTS
7	Patel Bhumikaben Arvindbhai	Government Staff Nurse Exam
8	Patel Dhruviben Rakeshkumar	IELTS
9	Patel Jinal Madhusudhanbhai	IELTS
10	Patel Krushangi Ketankumar	IELTS
11	Patel Laxitaben Jayeshbhai	IELTS
12	Patel Prachi Atulkumar	IELTS
13	Patel Pragnaben Shashikant	IELTS
14	Patel Reemaben Sanjaybhai	IELTS
15	Patel Riya Mineshbhai	IELTS
16	Shastri Vaibhavi Girishkumar	IELTS
17	Vadgama Urvi Chetanbhai	IELTS



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Test Report Form

NOTE Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.
GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.
It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed **after two years** from the date of the test.

ACADEMIC

Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID



Date of Birth Sex (M/F) Scheme Code
Country or Region of Origin
Country of Nationality
First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments

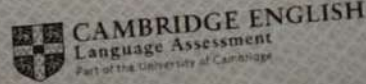


Administrator's Signature

Rajal Zala

Date

Test Report Form Number



... by recognising organisations at <http://ielts.ucles.org.uk>

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Test Report Form

ACADEMIC

NOTE Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number Date Candidate Number

Candidate Details

Family Name

First Name

Candidate ID



Date of Birth

Sex (M/F)

Scheme Code

Country or Region of Origin

Country of Nationality

First Language

Test Results

Listening

Reading

Writing

Speaking

Overall Band Score

CEFR Level

Administrator Comments

Centre stamp



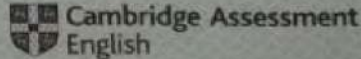
Validation stamp



Administrator's Signature

Date

Test Report Form Number



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ન.ન.સીંગ/સ્ટાફનર્સ/વર્ગ-૩/નિમણુંક/બ-૨/૨૦૧૯
કમિશનરશ્રીની કચેરી, આરોગ્ય, તબીબી સેવાઓ
અને તબીબી શિક્ષણ(તબીબી વિભાગ)
૫/૧, ડૉ. જીવરાજ મહેતા ભવન, સેક્ટર-૧૦, ગાંધીનગર.
ફોન.નં.૦૭૯ ૨૩૨ ૫૩૨૮૬, ફેક્સ -૦૭૯૨૩૨૫૯૯૦૦
તા. / /૨૦૧૯

13 FEB 2019

કાર્યાલય આદેશ નં. ૧૩૨૫/બ-૨/૨૦૧૯

વિષય:- સ્ટાફનર્સ વર્ગ-૩ તરીકે કરાર આધારિત ફિક્સ પગારમાં નિમણુંક આપવા બાબત

સંદર્ભ:- (૧) સરકારશ્રીના નાણાં વિભાગના ઠરાવ ક્રમાંક:ખરચ/૨૦૦૨/૫૭/ઝ-૧ તા.૧૬/૦૨/૦૬

(૨) સરકારશ્રીના આરોગ્ય અને પરીવાર કલ્યાણ વિભાગના ઠરાવ ક્રમાંક:- નસગ/૧૦૨૦૧૩/૧૩૪૫/ઇ, તા.૦૧/૧૦/૨૦૧૩

(૩) સરકારશ્રીના આરોગ્ય અને પરીવાર કલ્યાણ વિભાગના પત્ર ક્રમાંક:નસગ/૧૦૨૦૧૩/૧૩૪૬/ઇ, તા.૨૭/૦૪/૨૦૧૮

(૪) આ કચેરીની તા.૦૮/૦૬/૨૦૧૮ની જાહેરાત ક્રમાંક:-૨૦૧૮૧૯/૧ અનુસાર.

સંદર્ભ-(૩)માં દર્શાવેલ સરકારશ્રીના તા.૨૭/૦૪/૨૦૧૮ના પત્રથી સ્ટાફનર્સ વર્ગ-૩ની ખાલી જગ્યાઓ ભરવાની મંજૂરી મળતાં ભરતી સમિતીની જાહેરાત ક્રમાંક:૨૦૧૮૧૯/૧ અન્વયે તા.૦૫/૦૮/૨૦૧૮ના રોજ લેવાયેલ લેખિત સ્પર્ધાત્મક પરીક્ષા અન્વયે સમિતીએ જાહેર કરેલ આખરી પસંદગી મેરીટ યાદી પરના નીચે કોલમ-(૨)માં દર્શાવેલ ઉમેદવારને તેમના નામ સામે કોલમ-(૫) માં દર્શાવેલ સ્થળે આ સાથે સામેલ રાખેલ પત્રક મુજબની શરતો અને બોલીઓને આધીન પાંચ વર્ષના સમયગાળા માટે માસિક ફિક્સ પગાર રૂ.૩૧,૩૪૦/-માં સ્ટાફનર્સ વર્ગ-૩ તરીકે સીધી ભરતીથી નિમણુંક આપવામાં આવે છે.

જનરલ મેરીટ નંબર	ઉમેદવારનું નામ	સરનામું	કેટેગરી	નિમણુંકનું સ્થળ
૧	૨	૩	૪	૫
1832	શીતલબેન ભરતકુમાર ભાભોર	મુ.પો.સીંગવડ, તા.લીમખેડા, જી.દાહોદ-૩૮૯૧૩૦	અનુસુચિત જનજાતિ	સામુહિક આરોગ્ય કેન્દ્ર, સુદામક જી.સુરેન્દ્રનગર

ઉપરોક્ત ઉમેદવારે હાજર થતી વખતે આ સાથે સામેલ રાખેલ બાંહેધરીપત્રક મુજબ બાંહેધરી આ નિમણુંકના સ્થળે હાજર થવાનું રહેશે.

(માન.કમિશનરશ્રી(બા.)ની નોંધ પર મંગેલ મંજૂરી અનુસાર)

M. B. Patel

અધિક નિયામક

તબીબી સેવાઓ, ગાંધીનગર

પ્રતિ,

શીતલબેન ભરતકુમાર ભાભોર

મુ.પો.સીંગવડ, તા.લીમખેડા, જી.દાહોદ-૩૮૯૧૩૦

Received
M.C. 18/02
5100
(G. 00) PM



આઈડી 2-1832, ST(174)

તા. 04/06/2023 ના રોજ લેવાયેલ સ્પર્ધાત્મક પરીક્ષામાં ઉત્તીર્ણ થયેલ અને કામચલાઉ પસંદગી કાર્ડમાં સમાવિષ્ટ ઉમેદવારોના પ્રમાણપત્રો ચકાસણી કરવા માટેનું અરજી પત્રક

ક્રમ નંબર	ઉમેદવારની વિગતો (અરજીના ઉપકોચ માટે)	કુલ ગુણ	75.25	ફોટો	
		કામચલાઉ પસંદગી કાર્ડ મુજબ સીટીંગલ નંબર	122		જનરલ મેરીટ નંબર
કેટેગરી મેરીટ નંબર	174	શ	ના		
2	રોલ નંબર : 1013623 ઓજસ મારફતે અરજી કર્યા અંગેના ડિપ્લોમા આર્ટિસ્ટ પર લગાવવામાં આવેલ રોલ નંબર ઉમેદવારે રજૂ કરેલ કોપી સાચી મળતી આવે છે કેમ ?	હા	ના		
3	ઓજસ મારફતે અરજી કર્યા અંગેના ડિપ્લોમા આર્ટિસ્ટ પર લગાવવામાં આવેલ રોલ નંબર ઉમેદવારે રજૂ કરેલ કોપી સાચી મળતી આવે છે કેમ ?	હા	ના		
4	ઓજસ મારફતે અરજી કર્યા અંગેના ડિપ્લોમા આર્ટિસ્ટ પર લગાવવામાં આવેલ રોલ નંબર ઉમેદવારની સહી મળતી આવે છે કેમ ?	હા	ના		
5	ઉમેદવારનું પૂરું નામ : (ધો. 10 ના શાળા છોડ્યાના પ્રમાણપત્ર મુજબ દર્શાવેલું)	અડેસ	લાલીદ		ઉમેદવારનું નામ:- શીતલબેન
				પિતાનું નામ:- ભરતકુમાર	
		સંપૂર્ણ પોસ્ટલ સરનામું:- (પીનકોડ સાથે)	મુ. પો- જીગવડ તા- લીમખેડા જી-દાદાદે, પીન- 389130		
		મોબાઇલ નં.	7874010523		
		રહેઠાણનો નંબર	8758/47037		
		ઇમેલ આઇ.ડી.	Sheetulbhubher3@gmail		
6	જો નામ બદલાયેલ હોય તો તેના એજેન્ટની સહી મળેલ છે કેમ ?	શ	ના	રીમાર્ક્સ:-	
			ના		



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ACADEMIC

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GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.
It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number

IN001

Date

21/APR/2018

Candidate Number

024145

Candidate Details

Family Name

PATEL

First Name

RIYA MINESHBHAI

Candidate ID

R7185607



Date of Birth

22/11/1995

Sex (M/F)

F

Scheme Code

Private Candidate

Country or Region of Origin

Country of Nationality

INDIA

First Language

GUJARATI

Test Results

Listening

5.5

Reading

6.0

Writing

5.5

Speaking

6.0

Overall Band Score

6.0

CEFR Level

B2

Administrator Comments

Empty box for Administrator Comments

Centre stamp



Validation stamp



Administrator's Signature

Riya Patel

Date

04/05/2018

Test Report Form Number

18IN024145PATR001A



This Test Report Form can be verified online by recognising organisations at <http://ielts.ucles.org.uk>





નં.નસીગ/સ્ટાફનસ/વર્ગ-૩/નિમણુંક/બ-૨/૨૦૧૯
કમિશનરશ્રીની કચેરી, આરોગ્ય, તબીબી સેવાઓ
અને તબીબી શિક્ષણ(તબીબી વિભાગ)
૫/૧, ડૉ. જીવરાજ મહેતા ભવન, સેક્ટર-૧૦, ગાંધીનગર.
ફોન.નં.૦૭૯ ૨૩૨ ૫૩૨૮૬, ફેક્સ -૦૭૯ ૨૩૨૫૯૬૦૦
તા. 13 FEB 2019

કાર્યાલય આદેશ નં. ૫૧૨ /બ-૨/૨૦૧૯

વિષય:- સ્ટાફનસ વર્ગ-૩ તરીકે કરાર આધારીત ફિક્સ પગારમાં નિમણુંક આપવા બાબત
સંદર્ભ:- (૧) સરકારશ્રીના નાણાં વિભાગના ઠરાવ ક્રમાંક:ખરચ/૨૦૦૨/૫૭/ઝ-૧ તા.૧૬/૦૨/૦૬
(૨) સરકારશ્રીના આરોગ્ય અને પરીવાર કલ્યાણ વિભાગના ઠરાવ ક્રમાંક:- નસગ/
૧૦૨૦૧૩/૧૩૪૫/૯, તા.૦૧/૧૦/૨૦૧૩
(૩) સરકારશ્રીના આરોગ્ય અને પરીવાર કલ્યાણ વિભાગના પત્ર ક્રમાંક:નસગ/૧૦૨૦૧૩/૧૩૪૬/૯,
તા. ૨૭/૦૪/૨૦૧૮

(૪) આ કચેરીની તા.૦૮/૦૬/૨૦૧૮ની જાહેરાત ક્રમાંક:-૨૦૧૮૧૯/૧ અનુસાર.
સંદર્ભ-(૩)માં દર્શાવેલ સરકારશ્રીના તા.૨૭/૦૪/૨૦૧૮ના પત્રથી સ્ટાફનસ વર્ગ-૩ની ખાલી જગ્યાઓ
ભરવાની મંજૂરી મળતાં ભરતી સમિતીની જાહેરાત ક્રમાંક:૨૦૧૮૧૯/૧ અન્વયે તા.૦૫/૦૮/૨૦૧૮ના રોજ લેવાયેલ
લેખિત સ્પર્ધાત્મક પરીક્ષા અન્વયે સમિતીએ જાહેર કરેલ આખરી પસંદગી મેરીટ યાદી પરના નીચે કોલમ-(૨)માં
દર્શાવેલ ઉમેદવારને તેમના નામ સામે કોલમ-(૫) માં દર્શાવેલ સ્થળે આ સાથે સામેલ રાખેલ પત્રક મુજબની શરતો
અને બોલીઓને આધીન પાંચ વર્ષના સમયગાળા માટે માસિક ફિક્સ પગાર રૂ.૩૧,૩૪૦/-માં સ્ટાફનસ વર્ગ-૩ તરીકે
સીધી ભરતીથી નિમણુંક આપવામાં આવે છે.

જનરલ મેરીટ નંબર	ઉમેદવારનું નામ	સરનામું	કેટેગરી	નિમણુંકનું સ્થળ
૧	૨	૩	૪	૫
426	ભુમિકાબેન અરવિંદભાઈ પટેલ	૨૦૨, સુવર્ણ ફ્લેટ, ૪, કોરીયા નાકા, જલારામ હોસ્પિ. પાછળ, મોડાસા રોડ, લુણાવાડા જી.મહીસાગર	જનરલ	સામુહિક આરોગ્ય કેન્દ્ર, ચુથાનામુંવાડા જી.મહીસાગર

ઉપરોક્ત ઉમેદવારે હાજર થતી વખતે આ સાથે સામેલ રાખેલ બાંહેધરીપત્રક મુજબ બાંહેધરી આપી
નિમણુંકના સ્થળે હાજર થવાનું રહેશે.

(માન.કમિશનરશ્રી(આ.)ની નોંધ પર મળેલ મંજૂરી અનુસાર)

N.B. Desai
અધિક નિયામક

તબીબી સેવાઓ, ગાંધીનગર

પ્રતિ,

ભુમિકાબેન અરવિંદભાઈ પટેલ,

૨૦૨, સુવર્ણ ફ્લેટ, ૪, કોરીયા નાકા, જલારામ હોસ્પિ. પાછળ, મોડાસા રોડ, લુણાવાડા જી.મહીસાગર



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Test Report Form

ACADEMIC

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GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.
It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number IN001

Date 28/JUL/2018

Candidate Number 124610

Candidate Details

Family Name CHRISTIAN

First Name SEBESTIN DEVDAS

Candidate ID N0181504



Date of Birth 21/08/1995

Sex (M/F) M

Scheme Code Private Candidate

Country or Region of Origin

Country of Nationality INDIA

First Language GUJARATI

Test Results

Listening 8.5

Reading 6.5

Writing 6.5

Speaking 6.5

Overall Band Score 7.0

CEFR Level C1

Administrator Comments

Empty box for Administrator Comments

Centre stamp



Validation stamp



Administrator's Signature

Rajul Patel

Date 09/08/2018

Test Report Form Number 18IN124610CHRS001A



Cambridge Assessment English



DINSHA PATEL COLLEGE OF NURSING, NADIAD

Details of students Qualified in State/National/International level examinations

(Academic Year: 2017-2018)

Sr.no	Name of Qualified Students	Name of State/National/International level examinations
1	Patel Dhruvi Pragneshkumar	IELTS
2	Munsi Ruzdakhanam Ahmadkhan	IELTS
3	Macwan Stuti Kiritbhai	IELTS
4	Patel Prachi Alpeshkumar	IELTS
5	Patel Shraddhaben Jitubhai	IELTS



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ACADEMIC

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Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID



Date of Birth Sex (M/F) Scheme Code
Country or Region of Origin
Country of Nationality
First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments

Centre stamp



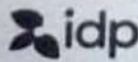
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Administrator's
Signature

Date

Test Report Form
Number



Cambridge Assessment
English

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Centre Number

IN001

Date

19/JAN/2019

Candidate Number

355897

Candidate Details

Family Name

MUNSHI

First Name

RUZDAKHANAM AZAZMOHMADKHAN

Candidate ID

ND650539



Date of Birth

29/11/1996

Sex (M/F)

F

Scheme Code

Private Candidate

Country or Region of Origin

Country of Nationality

INDIA

First Language

GUJARATI

Test Results

Listening

7.5

Reading

7.5

Writing

6.5

Speaking

6.0

Overall Band Score

7.0

CEFR Level

C1

Administrator Comments

Centre stamp



Validation stamp



Administrator's Signature

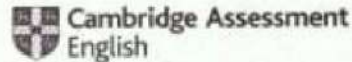
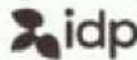
Rajal Patel

Date

31/01/2019

Test Report Form Number

18IN358897MUNR001A



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Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID



Date of Birth Sex (M/F) Scheme Code
Country or Region of Origin
Country of Nationality
First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments

Centre stamp



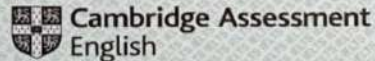
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Administrator's Signature

Date

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Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID



Date of Birth Sex (M/F) Scheme Code
Country or Region of Origin
Country of Nationality
First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments

Centre stamp



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Administrator's Signature

Date

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Centre Number IN001

Date 23/MAR/2019

Candidate Number 430098

Candidate Details

Family Name PATEL

First Name SHRADDHABEN JITUBHAI

Candidate ID N0428496



Date of Birth 19/12/1996

Sex (M/F) F

Scheme Code Private Candidate

Country or Region of Origin

Country of Nationality INDIA

First Language GUJARATI

Test Results

Listening 7.5

Reading 6.5

Writing 6.5

Speaking 6.5

Overall Band Score 7.0

CEFR Level C1

Administrator Comments

Empty box for Administrator Comments.

Centre stamp



Validation stamp



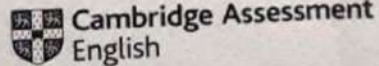
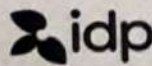
Administrator's Signature

Rajul Patel

Date 04/04/2019

Test Report Form Number

18IN430098PATS001A



DINSHA PATEL COLLEGE OF NURSING, NADIAD

Details of students Qualified in State/National/International level examinations

(Academic Year: 2018-2019)

Sr.no	Name of Qualified Students	Name of State/National/International level examinations
1	Christian Priyal	IELTS
2	Saxena Yuvraj	IELTS



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ACADEMIC

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Centre Number

Date

Candidate Number

Candidate Details

Family Name

First Name

Candidate ID



Date of Birth

Sex (M/F)

Scheme Code

Country or Region of Origin

Country of Nationality

First Language

Test Results

Listening

Reading

Writing

Speaking

Overall Band Score

CEFR Level

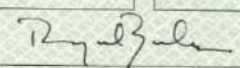
Administrator Comments

Centre stamp



Validation stamp



Administrator's Signature 

Date

Test Report Form Number



Cambridge Assessment English

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Test Report Form

ACADEMIC

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Centre Number Date Candidate Number

Candidate Details

Family Name

First Name

Candidate ID



Date of Birth Sex (M/F) Scheme Code

Country or Region of Origin

Country of Nationality

First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

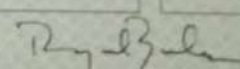
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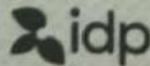
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Administrator's Signature 

Date

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