

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR  
BRIEF OF THE CANDIDATE**

Name of the Candidate:					Paste recent passport size photograph here.
Post Applied for the Post of:					
Applied in the Department:					
Applied for: (Contract)					
Applied under Category: (UR/OBC/SC/ST/EWS)					
Date of Birth			Age of candidate as on last date of submission of online application		
Year	Month	Day			
<b>Qualification</b>					
Qualification	Year of Passing	No. of attempts	Name of the Institution		
Degree					
MBBS					
M.D./M.S					
M.Ch/Fellowship					
D.N.B.					
Any other					
<b>Experience (After Post Graduation)</b>					
Post/Level/ Designation	Duration		Name of the Organization/Institution	Duration (DDMMYY)	
	From	To			
<b>Paper Published</b>					
National/ International	Indexed	Non- Indexed	Accepted of publication	Presented at Conferences	
National					
International					
Total					
<b>Chapter in Books :</b>					
<b>Awards/ Recognitions:</b>					
<b>Any other information :</b>					
<b>Notice period required for joining :</b>					

Date: .....

Signature of Candidate: