

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
GORAKHPUR (UTTAR PRADESH)

12. Work Experience (Must be supported by relevant document)

Name of Employer/ Organization	Post	From date	To date	Reason for leaving

Total Experience gained after acquiring the minimum essential qualification _____

13. Details of NET/GATE/ national level examination passed if any

Examination Passed	Date of Passing	Valid till

14. Proficiency level in MS Office and other similar software:

(Proficient / Advanced/ Moderate/ Low/ Not aware) _____

15. If selected, what period would you require to join _____

Declaration:

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing of false information or suppression of facts will lead to disqualification and is likely to render the candidate unfit.

Date:

Signature of the candidate

Place:

Name of the candidate: