Annexure-D **All India Institute of Medical Sciences, Gorakhpur**

BRIEF OF THE CANDIDATE

Name:	**Post Applied for:**	**Date of Birth**				Paste your recent passport size photograph here
Category:		**Age as on Closing date Of Advertisement**	**Years**	**Months**	**Days**	
Deputation Recruitment:						

Qualifications	**Year of Passing**	**No. of attempts**	**Institution**	**Experience**	**Duration**		**Organization/Institution**
Graduation				**Level/Designation**	**From**	**To**	
Post Graduation							
Any other							

Awards/Recognitions:	
1.	
2.	
3.	
Any other information:	Notice period required for joining:
Date:	Signature of the Candidate