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 da Of Advertisement 31/08/2025	Years te	Years Months	Days		
Deputation Recruitment:										
Qualifications	Year of Passing	No. of attempts	Institution	Experie	nce	Duration			Organization/Institution	
Graduation				Level/Design	ation Fr	om To				
Post Graduation										
Any other										
Awards/Recogniti	ions:									
1.										
2.										
3.										
Any other information:					Notice	Notice period required for joining:				
Date:					Signati	Signature of the Candidate				
•		•								