

Annexure-D

All India Institute of Medical Sciences, Gorakhpur

BRIEF OF THE CANDIDATE

Name:	Post Applied for:	Date of Birth			
Category:	Deputation Recruitment:	Age as on Closing date Of Advertisement	Years	Months	Days

Paste your recent passport size photograph here

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

Awards/Recognitions:

1.

2.

3.

Any other information:

Notice period required for joining:

Date:

Signature of the Candidate