

Annexure-A

All India Institute of Medical Sciences, Gorakhpur

BRIEF OF THE CANDIDATE

Name:			Post Applied	Date of Birth			<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: auto;"> Paste your recent passport size photograph here </div>	
Category:			Department:	Age as on Closing date of Advertisement 08/06/2026	Years	Months		Days
Direct Recruitment/ Deputation/ Contractual Basis (Retired Faculty)								
Qualifications	Year of Passing	No. of attempts	Institution	Experience	Duration		Organization/Institution	
Degree				Level/Designation	From	To		
MBBS/M.Sc								
M.D./M.S/PhD								
D.M./M.Ch								
D.N.B.								
Paper Published	PubMed Indexed	Non-PubMed Indexed	Accepted publications	Presented at Conferences	Awards/Recognitions/Patents			
National								
International								
Total								
Funded Research Projects	Intramural							
	Extramural							
Chapter in Books:				Any other information:				
					Notice period required for joining:			
Date					Signature of the Candidate			