

Annexure-D**All India Institute of Medical Sciences, Gorakhpur****BRIEF OF THE CANDIDATE**

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