**Annexure-I** **All India Institute of Medical Sciences, Nagpur**

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**BRIEF OF THE CANDIDATE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | Post Applied for: | Date of  Birth |  | |  |  |  |
|  |
| Category: | | | | Department: | Age as of  Closing date (27.06. 2022) | Years | | Months | Days |
|  | |  |  |
|  |
| Qualifications | Year of  Passing | No. of attempts | Institution | Experience | Duration | | | | | Organization/Institution |
| Degree |  |  |  | Level/Designation | From | | To | | |
| MBBS/BDS |  |  |  |  |  | |  | | |  |
| M.D./MS/MDS/M.Sc |  |  |  |  |  | |  | | |  |
| D.M./M.Ch/PhD |  |  |  |  |  | |  | | |  |
| D.N.B. |  |  |  |  |  | |  | | |  |
| PGDND |  |  |  |  |  | |  | | |  |
| Paper  Published | Indexed | Non- Indexed | Accepted of publication | Presented at  Conferences | Awards/Recognitions | | | | | |
| National |  |  |  |  |  | | | | | |
| International |  |  |  |  |  | | | | | |
| Total |  |  |  |  |  | | | | | |
| Chapter in Books: | | | | | Any other information: | | | | | |
|  |  |  |  |  | Notice period required for joining: | | | | | |
| Date |  | | | | Signature of the Candidate | | | | | |