

## All India Institute of Medical Sciences, Nagpur

### BRIEF OF THE CANDIDATE

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size photograph  
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Name:				<b>Post Applied for:</b>		Date of Birth			
Category:				<b>Department:</b>		Age as of Closing date	Years	Months	Days
Qualifications	Year of	No. of	Institution	Experience	Duration		Organization/Institution		
Degree				Level/Designation	From	To			
MBBS									
M.D.									
D.M./M.Ch									
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			