Annexure-A

All India Institute of Medical Sciences, Nagpur
BRIEF OF THE CANDIDATE

Name:	**Post Applied for:**	**Date of Birth**				Paste your recent passport size photograph here
Category:	**Department:**	**Age as of Closing date (06.07.2024)**	**Years**	**Months**	**Days**	
Direct Recruitment/ Deputation/ Contractual Basis (Retired Faculty)						

Qualifications	**Yearof 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