

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR  
BRIEF OF THE CANDIDATE**

Paste recent  
passport size  
photograph  
here.

Name of the Candidate:				
Post Applied for the Post of: (Professor/Additional Professor/ Associate Professor/Assistant Professor):				
Applied in the Department:				
Applied for: (Regular/Deput./Contract/Retired Faculty)				
Applied under Category: (UR/OBC/SC/ST/EWS)				
Date of Birth			Age of candidate as on last date of submission of online application	
Year	Month	Day		
<b>Qualification</b>				
Qualification	Year of Passing	No. of attempts	Name of the Institution	
Degree				
MBBS				
M.D.				
D.M./M.Ch				
D.N.B.				
PGDNB				
Any other				
<b>Experience</b>				
Post/Level/ Designation	Duration		Name of the Organization/Institution	Duration (YY-MM-DD)
	From	To		
<b>Paper Published</b>				
National/ International	Indexed	Non- Indexed	Accepted of publication	Presented at Conferences
National				
International				
Total				
<b>Chapter in Books :</b>				
<b>Awards/ Recognitions:</b>				
<b>Any other information :</b>				
<b>Notice period required for joining :</b>				

Date:.....

Signature of Candidate: