ANNEXURE - II

Paste here latest Pass Port size Photograph

BRIEF OF THE CANDIDATE

Name				Category			Date of Birth (dd/mm/yyyy)		-	
Post Applied for				Discipline			Age as on 27.04.2020	Year	Month	Day
				QUALIFICA	TION					<u> </u>
Year of Passing		No. of attempts	Name of the Institution & Place							
MBBS/B.Sc.										
M.D./M.S./M.Sc.										
D.M./M.Ch./Ph.D.										
EXPERIENCE										
Sl. No	Name of the Organization/Institution		Name of the Position held	From	То	Number of Years/ Months/ Days				
Paper Published		Indexed	Non-Indexed	Accepted publication	Presented at Conferences	Awards/Recognitions				
National										
International										
Total										
Chapter in Books						Any other information : -				
						Notice period required for joining : -				
Place										
Date						Signature of the Candidate				