





अखिलभारतीयआयुर्विज्ञानसंस्थान, बिलासपुर  
हिमाचलप्रदेश - १७४०३७  
All India Institute of Medical Sciences, Bilaspur  
Himachal Pradesh-174037  
<https://aiimsbilaspur.edu.in>  
Department of Nephrology



12. Qualification from High School and above:

S. No.	Qualification	Name of Board/University	Year of Passing	Percentage of Marks
1				
2				
3				
4				
5				
6				

13. Experience (Post Qualification):

S.No.	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibilities
1						
2						
3						
4						
5						
6						
7						
8						



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14. Details of desirable qualification (if not mentioned above)

15. Details of publication (If relevant)

(Attach first page of publication)

	Publication	Citation	Impact factor
National			
International			

I hereby declare that above information provided by me is correct to my knowledge and belief.

Date..... Place.....

(Signature of the candidate)

Enclosure attached:-

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_