

CURRICULUM VITAE

Name in full :

Gender :

Designation : **Junior Resident, Department of _____**
Katihar Medical College, Katihar – 854 105.

Contact No. : **Tel:**
Mob: +91-

Date of birth :

Father's name :

Full address (Permanent) :

Full Address (Present) :

Katihar – 854 105

Educational Qualification:

Level	Exam Passed	Year	Board/Coll./ University	Division/ Class	% of Marks	Distinction / Hons. (If any)
Secondary						
+2 Level						
Any other						
MBBS						
Any other						

Working / Professional Experience (if any):

Post held	Place	From	To	Duration

No. of presentations at Conferences (if any): **National:**
(Attach List of presentations in separate A4 Size Paper)

International:

No. of Publications (if any): **National:**
(Attach List of Publications in separate A4 Size Paper)

International

No. of Awards (if any): **National:**
(Attach List of Awards in separate A4 Size Paper)

International

SIGNATURE OF CANDIDATE