

UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES
 (Formerly U.P. Rural Institute of Medical Sciences & Research)
 SAIFAI, ETAWAH-206130
 www.upums.ac.in

APPLICATION FORM

Advt. No. UPUMS/ACAD/...../2023-24 Dated :/..... /2024

Post Applied forRegular/Contractual:.....

In the Department/ Specialty of

D.D. No. DateName of BankAmount Rs.....

Affix
 Latest
 Passport
 size
 Photograph

1. Name in Full (Block letters).....
2. Name of Father/Husband.....
 (Block letters)
3. Actual category: Applied category:
4. Permanent address:.....

Pin Code:
5. Correspondence address:.....

Pin Code:
6. Contact No.Email ID:.....
7. Nationality State to which you belong.....
8. Date of Birth Age in years (As per cut off date)
9. Sex..... Marital Status.....
10. Category: UR/EWS/SC/ST/OBC/Ex-Servicemen/Physically Handicapped
11. Educational Qualification (from Matriculation onwards) :Please Attach Photocopies (Self attested)

S. No.	Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
1	MBBS					
2	MD/MS/DNB/ PhD					
3	DM/MCh					
4						
5						

12. Teaching Experience (Please Attach Photocopies).

S. No.	Designation	Department	Name of Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience in years & months
1	Senior Resident					
2	Tutor					
3	Assistant Professor					
4	Associate Professor					
5	Professor					
TOTAL EXPERIENCE Years Months and Days :						

12. Research Publications:

No. of indexed publications as per latest NMC norms.....

(Submit copies of all the publications along with the indexing information of the journals)

14. Present Employment.....

NOC enclosed (Yes/ No).....

15. Annual Pay Rs.

16. Any other information worth mentioning

17. BCBR proctored examination passed(Yes/ No)

(applicable only for the posts of Associate Professor and Professor)

18. rBCW/ BCMET completed (Yes/ No)

(applicable only for the posts of Associate Professor and Professor)

Undertaking: I certify that the particulars above are correct in all respects and in the event of any information found incorrect at any stage, my candidature/ selection/ services may be rejected/ terminated.

Place :

Date :

Signature