

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

www.upums.ac.in

APPLICATION FORM

Advertisement No. UPUMS/ACAD/...../2021-.....

Dated :/...../2022

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Passport
size
Photograph

Post Applied for

In the Specialty of

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

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/M.Ch					
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 :						

13. Research Publications (Indexed Journals): National (in figure)

International(in figure)

14. Present Employment.....

.....

15. Annual Pay Rs.

16. Any other information worth mentioning

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