

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

[www.upums.ac.in](http://www.upums.ac.in)

**APPLICATION FORM**

Advertisement No. UPUMS/ACAD/...../2022-.....

Dated : ...../...../2022

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Latest  
Passport  
size  
Photograph

Post Applied for .....

In the Super Specialty of .....

DD No. .... Date .....Name of Bank .....Amount Rs.....

1. Name in Full .....
2. Name of Father/Husband.....  
(Capital Letters)
3. Actual category: ..... Apply 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 advertisement) .....
9. Sex..... Marital Status.....
10. Category : UR/SC/ST/OBC/Ex-Servicemen/Physically Handicapped .....
11. Educational Qualification (from Matriculation onwards) : Please Attach Photocopies

| 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/<br>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:

(As a First/Corresponding author): 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 in the event of any information found incorrect at any stage my candidature/selection/services may be rejected/terminated.

Place :

Date :

Signature .....