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

APPLICATION FORM

Google Link for advance Info. - https://forms.gle/2qmDAGGCsuHdjJf49

Advt. No.

(to be duly filled by Candidate In Block Letters only)

Post Applied forof.					Affix	
					 .Amount Rs	Latest Passport size
1.	Name in Full (E	Block letters)			Photograph
2.	Name of Father	/Husband				
	(Block letters)					
3.	Actual category	:	Ар	plied cate	egory:	
4.	Permanent add	ress:				
				Pi	n Code:	
5.	Correspondence	e address:				
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		•••••		Pin	Code:	
6.	Contact No		Ema	il ID:		
7.	NationalityState to which you belong					
8.	3. Date of Birth					
9.	Sex		Marital S	tatus		•••••
10.	. Category: UR/E	WS/SC/ST	OBC/Ex-Service	emen/Phy	sically Handicapped	i
11.	Educational Qual	ification (fro	m Matriculation of	nwards):P	lease Attach Photoc	opies (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					
3	DM/MCh					
4	Any Other					
5						

12. Teaching Experience	(Please Attach	Photocopies).
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S. No.	Designation	Department	Name of Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience In years& months
1	Senior Resident/Tutor					
2	Assistant Professor					
3	Associate Professor					
4	Professor					
	TOTAL EXPERIENCE (in Years & Months)					

2	Assistant Professor					
3	Associate Professor					
4	Professor					
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			AL EXPERIENCE	(in Years & I	viontns)	
13.	Research Publication	ne:				
13.	No. of indexed publi		latest NMC norms			
	(Submit copies of al	•				e iournals)
14. Pr	resent Employment	•	C	•		,
	OC enclosed (Yes/ No					
	CBR passing certifica	•		•		
	ing for the post of Ass	,	ŕ	\ 11	J	
16. r	BCW/BCMET certific	ate enclosed (Yes/No)	(Ap	plicable only	for
	dates applying for the					
17. A	ny other information w	vorth mentioning	ng			
inforn reject	ed/terminated. I declar of Law/Police, if it is	rect at any re that I have n	y stage, my c no criminal backgro	andidature/se ound/ crimina	lection/servic l proceedings	es may be spending with
Place	:					
Date:			Signatur	e		

Place:	
Date:	Signature