APPLICATION FORMAT

To,

The Officer Incharge, Recruitment Cell Uttar Pradesh University of Medical Sciences Saifai, Etawah-206130 (India)

Saifai, Etawah-206130 (Subject :Application fo Multidisciplinary Resea	rch Unit (MI	RU), Uttar Pr	adesh Un	iversit	y of M	edical Sci	ences,
Etawah).							Dated
In response to y	our advertise	ment Notice N	No:			1	Jaleu
Sir,							
Name of the Candidate							
(in block letters)							
Father's/ Husband's							
Permanent Address	House No/	House No/ Plot No/ Flat No					
Road/ Street Name/							
Municipality/ City/ Village Town							
P.O		P.S					-
Distt.		Pin Code					
Contact No (landline)		Mobile N	0.				
Email i.d							
Date of Birth		Age as on (supporting document to be submitted)					
Religion		Sex (Ma	le/Femal	e)			
Nationality			Categ	ory	General/ SC/ ST		ST
Photo identity Proof (give at documents)	attested sup	porting					
EDUCATIONAL O	JALIFICATI	ONS:(Attach	attested c	opies)		0.11	l D
EDUCATIONAL CONDITIONS		Board/ University Name	Fro	om	То	Subject	Perce ntage
Secondary/Matriculat	ion						
Intermediate/Senior S	econdary						
Graduation							
Post Graduation							
Ph D							
Any other relevant tra	aining/						

Name of Institute/ Organi zation	Duration From	Duration To	Position Held	Total experie nce

DECLARATION

I affirm that the information given in this application is true and correct to the best of my knowledge and belief. I further undertake that if at any stage it is discovered that an attempt has been made by me, willfully to conceal or misrepresent the facts, my candidatures/appointment shall be summarily rejected or terminated without any notice.

	Signature
Date:	Signature

List of Enclosures (Attested Copies):

- 1. Date of Birth proof.
- 2. Photo identity card.
- 3. Higher Secondary/Madhyamik/Graduation/ Post Graduation/PhD and relevant qualifications.
- 4. Certificate of experience.
- 5. Research publications.
- 6. NOC Certificate (from present employer).
- 7. Any other relevant document.