UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES

(Formerly U.P. Rural Institute of Medical Sciences & Research) SAIFAI, ETAWAH-206130

www.upums.ac.in

Advt. No. 48/UPUMS/Paramedical/2025-26 dated 02/09/2025

APPLICATION FORM

(To be duly filled by Candidate in Block Letters only)

Auvi.	10. 46/OF OM5/F	arametrical/	2023-20 dated 02/	09/2023		AffixLatest
Post Applied for						Passport size Photograph
in the	Dept./Speciality o	of				
D.D.NoDate		e	Name of Bank		.Amount	
1.	Name in Full					
2.	Name of Father/Husband.					
3.	Actual category:Applied category:					
4.	Permanent address:					
				PinC	ode:	
5.	Correspondence address:					
	PinCode:					
6.	Contact No					
7.	NationalityState to which you belong					
8.	Date of BirthAge in years (As per cut off date)					
9.	Gender(Male/Female)MaritalStatus					
10	. Category:UR/SC	C/OBC				
11.	Educational Qual	ification(from	m Matriculation on	wards):Pl	ease Attach Photocop	pies(Self attested)
S. No.	Qualification	College	University	Year	RegistrationNo. of UG & PG with date	Name of the RegisteringBody
1						
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12. Teaching Experience (Please Attach Photocopies). S. To Total Designation Department Nameof From (DD/MM/YY) (DD/MM/YY) No. Institution Experience invears& months Demonstrator/ Tutor/Resident 2 Lecture 3 Assistant Professor 4 Associate Professor 5 Professor TOTAL EXPERIENCE Years Months and Days: 12. Research Publications: No. of indexed publications as per latest norms of UGC/PCI...... (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. 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. I declare that I have no criminal background/criminal proceedings pending with Court of Law/Police, if it is found at any stage, my candidature/ selection/ services may be rejected/ terminated. Place: Date: Signature.....