

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

APPLICATION FORM
(to be Duly filled by Candidate In Block Letters)

Advt. No.

Dated :/...../2025

Post Applied for

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

1. Name in Full

2. Name of Father/Husband.....

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						
2						
3						
4						
5						

Affix
Latest
Passport
size
Photograph

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
TOTAL EXPERIENCE Years Months and Days :						

14. Present Employment.....

NOC enclosed (Yes/ No)..... Annual Pay Rs.....

17. 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