

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

APPLICATION FORM

Advt. No. UPUMS/ACAD/21/2022-23 dated: 27/07/2022

Affix
Latest
Passport
size
Photograph

Post Applied for

In the Specialty of

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

1. Name in Full (Block letters).....
2. Name of Father/Husband.....
(Block letters)
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	MBBS					
2	MD/MS/DNB/ PhD					
3	DM/M.Ch					
4	Any other					
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	Tutor/ Demonstrator					
2	Senior Resident					
3	Assistant Professor					
4	Associate Professor					
5	Professor					
TOTAL EXPERIENCE					Year-	Months-

13. Research Publications:

(A) No. of indexed publications as per latest NMC norms..... (in figures)

(B) Details of publications (enclose separate sheet if required) in Vancouver style with indexing of the journal.

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 and in the event of any information found incorrect at any stage, my candidature/selection/services may be rejected/terminated.

Place :

Date :

Signature