## UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES

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

## www.upums.ac.in

## **APPLICATION FORM**

Advt. 1	No/UPUM	1S/	/2024-25		Dated :/	/2024	A CC	
Post A	pplied for		Faculty of Paramed	dical Sci	ences/ Pharmacy		Affix Latest	
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	Date of Birth Age in years (As per cut off date)							
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11.	Educational Quali	fication (from	n Matriculation onv	vards) :l	Please Attach Photoco	pies (Se	lf attested)	
S. No.	Qualification	College	University	Year	Registration No. of UG & PG with date		ne of the ering Body	
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12. Teaching Experience (Please Attach Photocopies). S. Designation Department Name of From To Total (DD/MM/YY) (DD/MM/YY) No. Institution Experience in years & months Demonstrator/ 1 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. Place:

Date:

Signature .....