उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय
सैफई, इटावा (उ0प्र0) – 206 130
Uttar Pradesh University of Medical Sciences
Saifai, Etawah (U.P.) - 206 130

Ref No.: 418 **/ UPUMS/RC/2026-27** **Date:** 17 / 09 / 2026

Office Order

Subject: Inclusion of "Innovation" Category in Annual Research Showcase & Oration–2026 and submission of details thereof.

A meeting was held under the Chairmanship of the Hon'ble Vice Chancellor on 14.09.2026 regarding **Research Showcase & Oration–2026** in which it was decided to add Innovation category wherein various Innovations done by Faculty & Students of the University will be considered.

Accordingly, all respected Deans, HODs, faculty Members and Students are requested to submit the details of Innovation done by them during the last 2 years to the Research Cell.

Please submit **one hard copy and one soft copy of the duly filled, signed, and HOD-forwarded submission form for Innovation category along with all required documents, by 24 September 2026.**

The soft copy should be sent as PDF file to: researchshowcaseupums@gmail.com

Enclosure:

- Submission format for Innovation category.

(Dr Savita Agarwal)
Officiating Associate Dean, Research

Copy to:

1. All Deans (Faculty of Medicine/DSW/Dental / Nursing / Paramedical / Pharmacy)
2. Finance Officer
3. Chief Medical Superintendent.
4. Medical Superintendent.
5. All HODs – for information and necessary action
6. PPS to Hon'ble Vice Chancellor sir.
7. P.S. to Pro-VC.
8. P.S. to Registrar.
9. CAC department for notice to be put up on the website
10. Notice Board.

(Dr Savita Agarwal)
Officiating Associate Dean, Research

SUBMISSION FORM FOR INNOVATION CATEGORY

S. No.	Particular	Details
1	Name of Applicant	
2	Designation	
3	Department	
4	Role of Applicant (PI/Co-PI)	
5	Title of Innovation	
6	**Give brief description given format-** Title, Problem/Healthcare Need Addressed (within 50 words), Novelty (within 50 words), Objectives (within 50 words), Outcome/Utility/Healthcare Impact (within 50 words)	**Attach Separate Sheet**
7	Current Status	☐ Idea ☐ Prototype ☐ Validation ☐ Implementation
8	Ethical Approval	☐ No ☐ Yes
9	Patent/IP Status	☐ No ☐ Applied ☐ Granted
10	Budget and its source (if any)	Rs
11	Applicant Declaration	☐ I declare that the information provided is correct and applicable ethical, regulatory and institutional requirements have been followed.
12	Applicant Signature & Date	
13	Mentor Name and Signature (In case of Student)	
14	Name of HOD with Signature & Seal	