

**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.....

Affix  
Latest  
Passport  
size  
Photograph

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						

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 .....