

Uttar Pradesh University of Medical Sciences

Saifai – Etawah, Pin 206130 FACULTY OF PARAMEDICAL SCIENCES

Serial No. Date

APPLICATION FORM FOR ADMISSION IN PG/MASTER PROGRAMME

(Ragging is a serious offence that is totally prohibited in the University)

Session: 2025-2026

Instruction to Applicant:

Section B: Personal Information

Form should be filled by the students, in their own hand writing in **BLOCK CAPITAL LETTERS** in English with **Blue Ball Pen only.**

Paste Self Attested Recent passport size color photograph

Section A: Entrance Examination Information

Name of Examination	Counselling Round		CPET RANK		Category			
	1 st /2 nd /3 rd or MOPUP	Roll No.	Overall	Category	Actual	Allotted	Allotted Program	Date of Admission
CPET- 2025 (PG)								

	terori Bri Crooma, mirominat	<u></u>			
1.	Candidate's Full Name (in	n block letters -	as per 10th ma	rk sheet)	
2.	Mother's Full Name (in b	lock letters)			
3.	Father's Full Name (in blo	ock letters)			
4.	Date of Birth (as per 10 th)	marksheet) :	DateMont	nYear	Age (as on 31.12.2025)
5.	Place of Birth:		Nativ	ve State:	
6.	ReligionG	ender	Category	Sub-Ca	tegory
7.	Aadhaar No				
8.	Parents Total Annual Inco	me and Source	of Income:		
9.	Present Address:				
					<u>.</u>
	State	·			Pin Code:
10	. Permanent Address:				
					<u>:</u>
	State	 		·	Pin Code:
11	. Mobile Number:		Ema	il:	
12	. Father's Mobile Number:		N	lother's Mobile	Number:
13	. If Local Guardian available	e then Name &	Address:		
	Distt.:Sta	ate:	Pin Code:		Mobile:



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Section C : Educational Details

	Month & Year of Passing	Name of Board/ University	Name of School/ College with Address	Roll No.	Subject	Marks Detail		2
Examination						Maximum	Obtained	Overall Percentage
HIGH SCHOOL								
INTERMEDIATE								
GRADUATION								

Eligibility Criteria:-

Programme	ELIGIBILITY
M.Sc in Medical Lab	Candidates with Bachelor in Medical Laboratory Science with minimum
Technology (Microbiology)	50% aggregate.
Master of Optometry	Candidates with Bachelor of Optometry with minimum 50% aggregate.
M.Sc. in Medical Radiology & Imaging Technology	Candidates with B.Sc. in Medical Radiology & Imaging Technology/B.Sc. in Medical Technology Radio Diagnosis & Imaging/B.Sc. in Radiology Technology/B.Sc. in Radiography/B.Sc. in Medical Technology (X-ray) with minimum 50% aggregate.
Master of Physiotherapy	Candidates with Bachelor of Physiotherapy with 6 months compulsory internship with minimum 50% aggregate.

:: DECLARATION ::

I			, d	o her	eby de	clare that th	ne above i	nfo	rmatio	n is t	true t	o the best of my
knowledge	and	belief.	Nothing	has	been	concealed	therein.	If	later	on	any	information/my
education/c	locum	ent are	found to b	e fals	e at an	y stage, my	candidatu	re v	vill be	liable	e to b	e rejected. I have
also read ar	ıd und	erstood	the eligibi	lity cr	riteria a	and confirm	that I mee	t all	the sp	ecifi	ed red	quirements.

Date://	Signature of Parents/Guardian	Signature of Studen
Date	Signature of Farents, Gaaraian	Signature of Student



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		CANDIDATE & DOC	<u>UMENTS V</u>	ERIFICATION			
Selection	Made Through	CPET-2025 (PG)	Date o	of Reporting for Admission	/		
CPET Roll No.: Overall Rank: Category RankAllotted Cata.:							
Name of S	Student:						
Mob. No.:	:	E-Mai	l:				
Aadhar No	0.:	Identification	Mark :				
IMPRESSI	ON				Paste Self Attested		
IMPRESSI	<u>ION</u>			_	Recent passport size		
					color photograph		
				/			
	(Lef	Hand Thumb)	(Right Hand Thu	ımb)			
			1 1		Signature of Student		
		<u>Cl</u>	<u>hecklist</u>				
SL.		QUIRED ORIGINAL DOCUMENTS (WITH	TWO SET SELF ATT	TESTED ZEROX COPY)	(√)/(≭)		
1 1 1	•	nit Card, Verification Sheet Qualifying Examination					
	ee Deposit Receipt o						
	<u> </u>	ediate Pass Mark sheets & Certificates					
	raduation Markshee	ts & Degree with Course Completion & Inter	nship Completion Ce	rtificates			
5. Tr	ransfer Certificate or	Migration Certificate (in First Original Copy)					
6. Ch	haracter Certificate i	ssued by last educational institution/college	(in Original)				
	·	vation certificate issued by UP Govt. (OBC,SC					
		Reservation certificate issued by concerned	authority (NCC,PH, F	-F,EA)			
	adhar Card/Votar ID				110		
101	ovt.)	ediate or both examinations passed from o	other state then dor	miche certificate required (issued t	DY UP		
11. Af	ffidavit on Rs.10/- (n	on judicial stamp paper) regarding GAP and	Other				
		on judicial stamp paper) regarding Prohibitic	on of Ragging				
	ledical Fitness Certif						
-		our combined photographs of student with p	arents				
15. Ap	pprox 05 photograpi	ns of student as on admit card	LABATION				
Laho	vo named do h	reby declare that the above docum	LARATION ::	and ganuing Nothing has be	oon conscaled therein		
	•	s found to be false at any stage, my		-	een concealed therein.		
ii later on	rany document	s lound to be false at any stage, my	candidatare wiii	be hable to be rejected.			
					Signature of Student		
Signature	& Name of Fac	ulty at admission counter		Signature of Ve	rification authority (s)		
			<u>DETAIL</u>		7		
		/UPUMS/ADM(1272-CD)/2024-25	Dt 20.12.24)	Received Receipt No.:			
	Date://						
	sited Online	40000/-		•			
Other Fee	e			Amount Rs.:			
llest-lF				The Fee deposited by car	ndidate is correct.		

Signature of Account deptt. (Concerned)