Uttar Pradesh University of Medical Sciences, Saifai, Etawah

Nomination Form – Student Council (Faculty of Medicine)

1) Name of the Student
2) Contact No.
3) E mail ID
4) Father's Name
5) Present Address
6) Permanent Address
7) Year of admission
8) Name of the Program
9) Name of the Faculty
10) Date of Birth ☐☐/☐☐/☐☐
11) Gender
12) Present Class
13) Post applied for (Tick any one only)

President	☐
Vice-President	☐
Secretary	☐
Joint Secretary	☐
Cultural Secretary	☐
Editor	☐
Class Representative	☐

14) Previous Year attendance (Percentage)
15) Status of supplementary in any exam/ subject ☐ Yes ☐ No
16) Any disciplinary action by the University authorities against you ☐ Yes ☐ No
17) Any previous criminal record ☐ Yes ☐ No
18) Positions Held in Extra-Curricular Activities: (if applicable)

SN	Name of the Event	Your Role	Achievement	Remark

19) Describe about yourself (max 200 words)

.....

.....

.....

.....

.....

.....

20) Your manifesto for the applied post (max 500 words)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Undertaking: I hereby declare that the information provided in this form is true, complete, and accurate to the best of my knowledge and belief. I understand that any false or misleading information provided may result in the rejection of my application or other appropriate action.

Signature:.....
Name:.....
Date: / /

Authorization (Chief Warden)	Authorization (DSW)	Authorization (Dean)
Signature:.....	Signature:.....	Signature:.....
Name:.....	Name:.....	Name:.....
Date: / /	Date: / /	Date: / /

Receipt : This is to certify that the nomination form of Mr/Ms..... for the post of..... (name of the program) ..... Batch.....is submitted on (date...../...../.....

(Signature of the Faculty of Coordinator)