## **UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES**

Saifai, Etawah – 206130

## <u>APPLICATION FORM FOR EMPANELMENT AS GUEST FACULTY</u> (Fill in Capital Letters)

1. Advt				
2. Nam		Affix a self attested recent passport size photograph. Do not staple.		
3. Nam				
4. Fath	er's/Husband's Name:			
5. Date	of Birth:			
6. Geno	der (M/F):			
7. Mari	ital Status:			
8. Addı	ress with Pin Code:			
	oondence:			
Perman	ent:			
	ail ID:			
10. Mo	bile/Land Line Phone Number: _			
11. Edu	ıcational Qualification:			
Sl.No.	Examination Passed	Institution/University	Year of Passing	% of Marks/ Grade

12. Employment/Experience of teaching Details (Write from the most recent & then backwards, attach attested copies)

Sl. No.	Post Held	Name of Institution	Teaching /Non Teaching	Experience		Total Experience (Specify in
				From	То	Total No. of Days)

13. Particulars of Research Experience/publication, if any:					
14. List of Enclosures:					

## **Declaration:**

I, do hereby declare taht all statements made in the application are true, complete and correct to the best of my knowledge and belief. I, solemnly affirm that if any material fact has been suppressed by me, my candidature shall stand immediately cancelled without any notice.

Place:	(Signature of Candidate)
Date:	
suppressed by me, my candidature shall stand immediately cance	3