

UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES
(Formerly U.P. Rural Institute of Medical Sciences & Research)
 SAIFAI, ETAWAH-206130
 www.upums.ac.in

APPLICATION FORM

Advt. No. UPUMS/ACAD/...../2017-18

Dated : / /2017

Affix
Latest
Passport
size
Photograph

Post Applied for

In the Specialty/Super Specialty of

DD No. DateName of BankAmount Rs.....

1. Name in Full
(Capital Letters)
2. Name of Father/Husband.....
3. Correspondence Address.....
.....
Contact No.Email ID.....
4. Permanent Address.....
.....
Contact No. Email ID.....
5. Nationality State to which you belong.....
6. Date of Birth Age in years (As on 01-07-2017)
7. Sex..... Marital Status.....
8. Category : UR/SC/ST/OBC/Ex-Servicemen/Physically Handicapped
9. Educational Qualification (from Matriculation onwards) : Please Attach Photocopies.

S. No.	Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
1	MBBS					
2	MD/MS/ DNB/ PhD					
3	DM/M.Ch					
4						
5						

10. Teaching Experience (Please Attach Photocopies).

S. No.	Designation	Department	Name of Institution	Total Experience in years & months		
				From (DD/MM/YY)	To (DD/MM/YY)	Total
1	Junior Resident					
2	Senior Resident					
3	Tutor					
4	Assistant Professor					
5	Associate Professor					
6	Professor					

11. Research Publications as per MCI Amendment notification dated 05 June 2017- No. MCI- 12 (1)/ 2017- Med. Misc/ 115698- Published in The Gazette of India- Extraordinary- Part III- Section 4, Dated June 8, 2017:-

National (in figure)

International(in figure)

12. Present Employment.....

13. Annual Pay Rs.

14. Any other information worth mentioning

Undertaking: I certify that the particulars given above are correct in all respects. In the event of any information found incorrect at any stage my candidature/ selection/services may be rejected/terminated.

Place :

Date :

Signature