

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

APPLICATION FORM

Advertisement No. UPUMS/ACAD/019/2016-17

Dated : 22-08-2016

Post Applied for

In the Super Specialty of

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

Affix
Latest
Passport
size
Photograph

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 01-07-2016)
7. Sex..... Marital Status.....
8. Category : General/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	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience in years & months
1	Junior Resident					
2	Senior Resident					
3	Tutor					
4	Assistant Professor					
5	Associate Professor					
6	Professor					
TOTAL EXPERIENCE :						

11. Research Publications :

(As a First/ Second Author) 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 my candidature will be liable to rejection summarily.

Place :

Date :

Signature