

UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES
SAIFAI, ETAWAH-206130
www.upums.ac.in

APPLICATION FORM

Advertisement No. UPUMS/ACAD/022/2016-17

Dated : 07-12-2016

Post Applied for

In the Super Speciality 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