

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. 872//UPUMS/Pharmacy (511-CD)/2025-26 Dated : 05 /06 /2025
Post Applied for Associate Professor, Faculty of Pharmacy
Scale of Pay: Rs.78,800/- (Level-12), as per 7th CPC
Upper age limit: 50 years as on 01-01-2025 (Relaxation will be admissible as per UP Government orders)

Handwritten signature

D.D. No. DateName of BankAmount Rs.....

Affix
Latest
Passport
size
Photograph

1. Name in Full (Block letters).....
2. Name of Father/Husband.....
(Block letters)
3. Actual category: Applied category:
4. Permanent address:.....
.....
.....Pin Code:
5. Correspondence address:.....
.....
.....Pin Code:
6. Contact No.Email ID:.....
7. Nationality State to which you belong.....
8. **Date of Birth Age Years, (Maximum age 50 years as on 01 January, 2025)**
9. Gender (Male/Female)..... Marital Status.....
10. Category: UR/SC/OBC
11. Educational Qualification (from Matriculation onwards) :Please Attach Photocopies (Self attested)

S. No.	Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the Registering Body
1						
2						
3						
4						
5						

12. 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	Demonstrator/ Tutor/Resident					
2	Lecture					
3	Assistant Professor					
4	Associate Professor					
5	Professor					
TOTAL EXPERIENCE Years Months and Days :						

12. Research Publications:

No. of indexed publications as per latest norms of UGC/PCI

(Submit copies of all the publications along with the indexing information of the journals)

14. Present Employment.....

NOC enclosed (Yes/ No).....

15. Annual Pay Rs.

16. Any other information worth mentioning

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

Place :

Date :

Signature

Hand