



APPLICATION FORM

Advertisement Number :
Post Applied For :

Passport
Photograph
Size
35x45mm

(A) Personal details

Applicant's Name :
Father's Name :
Mother's Name :
Gender :
Date of Birth :
Nationality :
Marital Status :
Stream : Medical / Dental / Nursing/ Paramedical

(B) Communication Address

Communication Address :
Communication City :
Communication District :
Communication State :
Communication Country :
Communication Police Station:
Communication Pin code :

[Handwritten signature]

(C) Permanent Address

Permanent Address :

Permanent City :

Permanent District :

Permanent State :

Permanent Country :

Permanent Police Station :

Permanent Pin code :

(D) Contact Details

Contact Number-Mobile (Mandatory) :

Landline :

Alternate Contact Number Mobile :

E-Mail Id (Mandatory) :

(E) Educational Qualification

	Qualification	Degree	Passing Year	Subject
i.	UG			
ii.	PG			
iii.	Super Speciality			
iv.	Ph.D.			
v.	Other Qualification			



(F) Teaching Experience (Present to Past)

Designation	Date (From) DD/MM/YYYY	Date (To) DD/MM/YYYY	Organization Name and City	Experience (in Months)
Total Experience in Months				

(G) Work Experience (Present to Past)

Designation	Date (From) DD/MM/YYYY	Date (To) DD/MM/YYYY	Organization Name and City	Experience (in Months)
Total Experience in Months				

(H) Administrative Responsibilities shared in your Institution

Designation	Institution	Nature of Administrative Responsibility	Date from (DD/MM/YYYY)	Date To (DD/MM/YYYY)



(I) OTHER DETAILS

- 1- Present post held
(whether regular or on deputation basis) :
- 2- If presently on deputation please indicate
designation of the post held in the parent office/
Cadre and the scale of Pay of that post along
with the present basic pay in that grade. :
- 3- Date of posting on Deputation. :
- 4- Present Pay band and Grade pay
(also mention the Basic Pay) :
- 5- Date of getting the present pay scale on regular basis

(J) Publication Details

1. Total number of Publications :
2. Number of Publications in Pub Med Indexed Journals:
3. List of All Publications in Vancouver Style :
4. List of Publications in Pub Med Indexed Journals :
5. Chapter in Books:
6. Books:
7. Top Five Publications :

Sl.no	Publication Name	Type of Publication	Citation Index
1.			
2.			
3.			
4.			
5.			

(K) Membership/Fellowship of Academic Societies

- 1.
- 2.
- 3.
- 4.
- 5.



(L) Awards

S.No	During	Year	Awarding Body	Description
1				
2				
3				
4				

(M) Reference Details

Referee (One)

Name :

Designation :

Communication Address :

Contact number (Mobile) :

Email :

Referee (Two)

Name :

Designation :

Communication Address :

Contact number (Mobile) :

Email :

(N) No Objection Certificate

- ☐ Enclosed
- ☐ Will be submitted at time of Interview



Declaration by the Candidate

I, hereby declare that the above information is true to the best of my knowledge. No information, material, fact or factual information has been concealed and no part of it is false. I further declare that I have carefully read and understood the terms and conditions of the deputation post and do hereby agree to abide by the same. I also certify that no Departmental / Vigilance / Police enquiry is pending against me. The Atal Bihari Vajpayee Medical University, UP, Lucknow has full right to cancel my candidature in the case of false information submitted by me.

It is my responsibility to visit the website of Atal Bihari Vajpayee Medical University, UP, Lucknow for any update(s) in reference to the advertisement or my application.

Date :-

Signature of Candidate

Place:-

Name:.....

