APPLICATION FOR THE POST OF PROFESSORS IN ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY U. P. LUCKNOW

Ref. Advt. No: ..... **Dated:**

1	Name		
2	Stream		Medical/Dental/Nursing/Paramedical
3	a) Present Post held (Whether regular ad-hoc or on deputation basis) b) 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, c) Date of posting in deputation		
4	Present Pay band and Grade pay (also mention the basic pay)		
5-	Date of getting the present pay scale on regular basis.		
6	Date of Birth		
7	Date of entry into service		
8-	Various Appointment		
	Lecturer	**From**	**To**
	Assistant Professor		
	Associate Professor		
	Additional Professor		
	Professor		
9	Office Address		
10	Mobile No.		
11	E-mail address		
12	Educational Qualification and Training		

13	Administration responsibilities shared in your institute		
	Nature	From	To
14	Publication (Quote best 05 publications) with citation index	National	International
15	Two References	Name Designation Phone No.	

Declaration

I hereby declare that the above information is true to the best of my knowledge. Nothing 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 U.P., Lucknow has full right to cancel my candidature in case of false information submitted by me.

Date:

Signature of the candidate

Name: .....

Signature of Controlling Authority
along with stamp

रजिस्ट्रार
अटल बिहारी वाजपेयी चिकित्सा विश्वविद्यालय,