



UTTAR PRADESH MEDICAL SUPPLIES CORPORATION LIMITED
(A Government of Uttar Pradesh Undertaking)

(Application Form w.r.t. Notification No. UPMSCL/HR/2022/2222 Date 31/03/2022)

Note: (i) Candidate must read the instructions carefully before filling up of this application,
(ii) Application to be mode strictly in the given format and to be filled in English only.

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photograph*

1.	Name of the Post and Code					
2.	Name of the candidate (in capital letters) (As per Adhaar Card)					
3.	Father/Husband's name					
4.	Complete postal address (in capital letters) (a) Permanent Address (Please provide the Address Proof) (b) Communication Address					
5.	E-mail ID					
6.	Mobile Number					
7.	Date of Birth (in DD/MM/YYYY format) (As per Matriculation Certificate)					
8.	Date of Retirement (in DD/MM/YYYY format) for Ex-Serviceman					
9.	Category (UR/SC/ST/OBC)					
10.	Present post/designation held					
11	Indicate the date with effect from which the Present Post is held on regular basis					
12	Educational Qualification (both academic and professional)					
	Examination passed	Name of Institution/University	Year of passing	Subjects	Marks obtained/ Maximum marks	% of marks
13.	State clearly as whether the experience/grade in which working/educational & other qualifications required for the post are satisfied by you (if any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same)					

14. Qualifications/experience possessed by the Candidates
Essential-

Desirable-

15. Details of employment in chronological order. Enclose separate sheet/s duly signed by you if the space below is insufficient. In case of any break please submit the reason to 0.

Office/Institute/ Organization	Post held	Date (DD/MM/YYYY)		Total Experience in years	Type of Organisati on(Govern ment/Private Sector)	Nature of Present Employment (Full time/ Contractual/ Outsourced)	Name of Unit/project Name where worked
		From	To				

16. Present Job Description (Enclose separate sheet/s duly signed by you if the space below is insufficient)

19.	Indicate the details of pay particulars: (a) Please indicate the Pay Level and Basic Pay (b) Cost to the Company , in case of Private Organization		
20.	Total emoluments per month currently drawn (give the break-up of the latest last three month Salary Slip/Certificate/Statement)		
21.	Remarks: The Candidates may indicate information with regard to a) Awards/ Scholarship/ Official Appreciation b) Any other information, if any. (Note: Enclose a separate sheet if the space is insufficient)		
21	Any other information		

DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby certify and declare that I have carefully gone through the vacancy notification no **UPMSCL/HR/2022/2222** dated **31/03/2022** and I am well aware that the inputs given duly supported with the documents submitted by me will also be assessed by the Selection Committee at the time of selection for the post. All statements made and information given by me in this application is true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect before or after the selection/interview/appointment, action can be taken against me by the UPMSCL and my candidature/appointment shall automatically stand cancelled /terminated.

I further declare that I fulfill all the conditions of eligibility prescribed for the post applied for and in case my application is not received by UPMSCL within the stipulated date due to postal delay or otherwise, UPMSCL will not be responsible for any such delay.

(Signature of the Applicant)

Place:

Date:

List of Enclosures:

S.NO	NAME OF DOCUMENT	DOCUMENT NUMBER	DATE OF ISSUE (DD/MM/YYYY)
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