

Annexure A

APPLICATION FOR THE POST (ON CONTRACT BASIS / RETIRED CANDIDATES) IN
ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY U. P. LUCKNOW

1	Name	
2	Post Applied for	
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 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.	
6	Date of Birth	
7	Date of entry into service (including service and batch)	
8	Date of superannuation	
9	Office address	
10	Mobile no.	
11	E-mail address	
12	Education Qualification and training	

13	Details of employment in chronological order				
	Name of Post & Deptt	From	To	Scale of Pay	Nature of appointment (Regular/adhoc/ deputation)
14	Applicant must indicate how the eligibility criteria like number of years of service rendered in the relevant pay scale , educational qualification, experience in relevant field, age on closing date of applications and period are fulfilled.				
15	Name and address, telephone number of the concerned officer in the office of the Cadre Controlling Authority.				

Date:

Signature of the candidate

Particulars of the applicant verified

Signature of Cadre Controlling Authority
along with stamp

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. 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:

P.S. : After filling the form please scan and email it to regabvmuup@gmail.com