



University of Lucknow, Lucknow



Advertisement No –

Date-

Application for Recruitment to the post of Medical Officer :: Personal Information Details ::
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Post applied for

Section- A

Candidate's Name (In Capitals)	
Father's /Husband's Name	
Date of Birth (DD/MM/YYYY)	
Age as on 01.07.2020 Years.....Months.....Days
Gender	Male/Female/Others
Marital Status	Single/Married
Category	Gen/OBC/SC/ST
Nationality	
E-mail	
Alternate Email-Id	
Mobile No.	
Alternate Mobile No.	
Aadhaar No.	

Affix your recent coloured passport size photo

Permanent Address	Address for Correspondence

Ramisha
17/07/2020
Abhi
17/07/2020
R
17/07/2020

Section –B (Qualifications Details)

Qualification	Name of University /Board	Year of Passing	Subject/ Specialization	Maximum Marks	Marks Obtained	% of marks
1	2	3	4	5	6	7
High School						
Intermediate						
U.G Degree						
P.G Degree						
Any Other						

Experience -Details

Sr. No.	Name of Organization (Central/State/P.S.U./Private please detail)	Designation/Post held	Duration DD/MM/YYYY		Experience Period			Nature of work
			From	To	Years	Months	Days	
1	2	3	4	5	6	7	8	9
1								
2								
3								
4								
5								
		Total relevant Experience as on 01.07.2020						

smishra
17/07/2020

shahi
17/07/2020

8
17/07/2020
(R)

Endorsement by the Employer: -

In case of in service candidates in Government/ Semi- Government Organizations/Public Sector undertakings/Autonomous organizations, the endorsement form must be signed by the employer. Relieving letter from the employer must be submitted at the time of joining.

Forwarded to the Registrar, University of Lucknow.

The applicant Dr./Mr./Mrs./Ms Who has submitted this application for the post of.....in the University of Lucknow has been in employmentin Temporary/Contract/Permanent capacity with the effect from.....in the scale of Pay of Rs.....He/she is drawing a basic pay of Rs..... His/her next increment is due on.....

Further it is certified that no disciplinary / vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his/her application being considered by the University of Lucknow.

Signature of forwarding officer

Name –

Designation-

Date-

Declaration

I Son/daughter of hereby declare that all the statements and entries made in this application are true , complete and correct to the best of my knowledge and belief or after the selection committee and Executive Council meeting my candidature /appointment may be cancelled by the University.

I have never been convicted or contemplated for any unlawful activity.

Signature of Applicant

Date-

Name as signed (IN BLOCK LETTERS)

Smishna
17/07/2020

Arshi
17/07/2020

17/07/2020
(RS)

***Application not signed by the candidate is liable to be rejected.**

CANDIDATE TO PLEASE NOTE:

1. You are advised to keep a photocopy of this Application form for your record and future reference.
2. Please paste latest good quality coloured passport size photograph at the place provided. You are advised to retain an identical photograph for future use.
3. Please send this original application form along with attested copies of all supporting documents mentioned in the checklist through **Registered Post** latest by -----at the following address:

Registrar, University of Lucknow, Lucknow(U.P.)-226007

Please keep checking you email for latest information and keep visiting our website www.lkouniv.ac.in for further updates.

CHECKLIST OF DOCUMENTS ATTACHED (All documents to be self-attested)

(tick mark the documents attached)

Proof of Date of Birth (Certificate issued by a Board of Secondary Education for passing matriculation/ Higher Secondary mentioning the date of birth)	
Photo identity proof (Driving Licence / Voter ID / PAN Card/ Aadhaar Card/Passport)	
Essential Qualification (copies of all marksheets (all semesters) & degree certificate)	
High School Marksheet	
High School Certificate	
Intermediate Marksheet	
Intermediate Certificate	
U.G Degree- Marksheet	
U.G Degree- Certificate	
P.G Degree – Marksheet	
P.G Degree - Certificate	
Other Qualifications	

Ramishna
17/07/2020

[Signature]
17/07/2020
(R)

[Signature]
17/07/2020

	Registration Certificate from State Medical Council / Medical Council of India	
Qualification equivalence Certificate, if applicable		
Proof of Experience (Experience Certificate)		
Caste Certificate (SC/ST/OBC /E.W.S etc.		
Ex-Servicemen (Service Certificate)		
Certificate of Benchmarked Disability		
No Objection Certificate (NOC) from employer, in case employed with Govt./Semi-Govt./PSUs/ Autonomous bodies		

romishna
17/07/2020

R
17/07/2020
(R)

adulhi
17/07/2020