

**CHHATRAPATI SHAHUJI MAHARAJ MEDICAL  
UNIVERSITY UP LUCKNOW, INDIA.**

**U.P. POST GRADUATE MEDICAL ENTRANCE EXAMINATION 2010  
for admission of Post Graduate Course (M.D./M.S./DIPLOMA or M.D.S.  
(Please tick the appropriate course)**

**PAPER APPLICATION FORM**

**1. Course Details - Course Opted**  
MD/MS/Diploma  MDS

**2. Personal Information**

a. First Name (in capitals)

b. Middle Name (in capitals)

c. Last Name (in capitals)

d. Father's Name (in capitals)

e. Gender

Male  Female

f. Date of Birth (dd/mm/yyyy)

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g. Category

UR  OBC  SC  ST

**3. Contact Information**

**a. Mailing Address**

Line-1

Line-2

b. e-mail

City

Confirm e-mail in capitals

State

c. Telephone

Pin

d. Mobile

**4. Qualifications**

a. Passed MBBS/BDS In (dd/mm/yyyy)

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b. Completed/Completing Rotatory Internship On  
(dd/mm/yyyy)

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c. Passed MBBS/BDS from

1. Govt. /CSMMU Medical / Dental College of UP
2. Recognized Private Medical / Dental College of UP
3. HIMS Dehradun

**5. Domicile**

UP  Other State

**6. Other Details**

a. Are you employed Yes  No

b. Physically Handicapped Yes  No

c. Medical /Dental Registration Provisional  Permanent

Registration No

Registration Issued By which Medical/Dental Council

UP Medical  UP Dental  Others

MCI  DCI

d. Are you doing Diploma through UPPGMEE /AIPGEE in any College in UP  
Yes  No

e. Institute from which you have passed MBBS/BDS Degree

S.N.M.C. Agra  M.L.N.M.C Allahabad

B.R.D. MC Gorakhpur  M.L.B. MC Jhansi

G.S.V.M.M.C. Kanpur  C.S.M.M.U. Lucknow

L.L.R.M. MC Meerut  Dental Faculty of C.S.M.M.U Lucknow

H.I.M.S., Dehradun  Others (Within U.P).

**7. Photograph and Signature**

Photograph High contrast 3.5x4.5 cm size colour Photographs (full front face, no cap, no hat, no dark glasses) with white/light background. Top of hair to bottom of chin should measure 2.5.to 3.0 cm.

3.5x 4.5  
cm

Signature in English

I declare that I have checked my eligibility for admissions through UPPGMEE 2010. I confirm that all the particulars stated in this application are correct to the best of my knowledge and belief. I fully understand that any wrong information made in this application may result in cancellation of the candidature or termination of admission at any stage at my cost and risk. I further declare that I have carefully gone through all the details in the information brochure and I agree to abide by terms and conditions laid down therein. I also declare that I hold all the eligibility requirement as given in Information Brochure and if found incorrect my candidature shall be rejected. I understand that if my application is rejected no request for refund of fee will be considered by Coordinator, UPPGMEE-2010

Date and Place

Signature of Candidate