

UTTAR PRADESH STATE MEDICAL FACULTY

5, Sarvapally, Mall Avenue Road, Lucknow-226001

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Email:upmedicalfaculty@upsmfac.org



APPLICATION FORM FOR GOOD STANDING

(Fill the form in capital letters)

1. Name of the Candidate in full & address (as given on the Registration Certificate) -----

2. Father`s Name -----
3. Present Address -----

4. Mobile Number -----
5. E-mail id -----
6. Professional Qualification -----
7. Name of the training center (Where training has been Received) -----

8. Registration Number -----
9. Place where you worked with full Details (Enclose certificate in support) -----

(Signature of the candidate)

Note: Please fill all details as per your Registration Certificate.