



# उ० प्र० आयुर्विज्ञान विश्वविद्यालय

सैफई इटावा (उत्तर प्रदेश)

Uttar Pradesh University of Medical Sciences

Saifai, Etawah (Uttar Pradesh) – 206130

www.upums.ac.in

Ref. No: 2551 /UPUMS/ID Card (1040-CD)/2024-25

Date: 28 October, 2024

## OFFICE ORDER

In lieu of the proposed inspection for accreditation of NAAC in the University, Identity Cards are required for all Officers, Faculty Members, Employees, and students.

In this regard, the testimonials required for the Identity Card may be collected by Google form/repository/official records. The validated data should be provided to the Nodal officer in an Excel sheet.

| SN | Category                        | Provided by (Authority)   |
|----|---------------------------------|---|
| 01 | Students                        | Respective Deans / Student Cell                                       |
| 02 | Faculty Members                 | Respective dealing assistant/officers through In-charge Establishment |
| 03 | Non-teaching Officers and Staff |   |
| 04 | Contractual Employees           | Service Provider, through JD(MM) /MS-                                 |

The responsibility will be liable to the concerned authority for any untoward data in this regard. This process has to be accomplished in the following steps-

**STEP-1**

Google form will be prepared by the respective authority followed by approval from the undersigned through the Nodal Officer.

**STEP-2**

Circulate the Google form to the respective categories and validate the received data.

**STEP-3**

Provide the validated data in an Excel sheet to the Nodal Officer at his e mail id: **vinay.pharmacology@gmail.com**

**STEP-4**

This process will be continued for new joining and admissions in future.

The authorities are directed to complete this process before **15<sup>th</sup> November, 2024.**

**Prof. (Dr.) Prabhat Kumar Singh**  
Vice Chancellor

Copy To: For information and necessary action.

- 1) Pro Vice Chancellor.
- 2) Finance Controller.
- 3) Registrar- To kindly Instruct and follow the process.
- 4) All Deans.
- 5) Medical Superintendent
- 6) Joint Director (Material Management)-To instruct the Service providers.
- 7) Dr. Vinay Kumar Gupta, Nodal Officer (Identity Card).
- 8) Officer In-charge Student Cell
- 9) Website.

**Prof. (Dr.) Prabhat Kumar Singh**  
Vice Chancellor



## Testimonials Required for Identity Card

| SN | Officers/Faculty Members/Regular Employees   | Students                                     | Contractual Employees (Service Provider)     |
|----|--|--|--|
| 01 | ID Card No (Biometric ID)                    | Enrollment No                                | Provided by service providers                |
| 02 | Photograph (Passport Size, white background) | Photograph (Passport Size, white background) | Photograph (Passport Size, white background) |
| 03 | Name   | Name   | Name   |
| 04 | Father's Name                                | Father's Name                                | Father's Name                                |
| 05 | Designation                                  | Name of Program                              | Designation                                  |
| 06 | Department                                   | Department                                   | Department                                   |
| 07 | Faculty of                                   | Faculty of                                   | Work area                                    |
| 08 | Date of Joining (DD/MM/YY)                   | Date of Admission (DD/MM/YY)                 | Date of Joining (DD/MM/YY)                   |
| 09 | Date of Birth (DD/MM/YY)                     | Date of Birth (DD/MM/YY)                     | Date of Birth (DD/MM/YY)                     |
| 10 | eHRMS No                                     | -  | -  |
| 11 | Blood Group                                  | Blood Group                                  | Blood Group                                  |
| 12 | Contact No                                   | Contact No                                   | Contact No                                   |
| 13 | Present Address                              | Present Address                              | Present Address                              |
| 14 | Permanent Address                            | Permanent Address                            | Permanent Address                            |
| 15 | Car Registration No.                         | Car Registration No.                         | Car Registration No.                         |
| 16 | Two wheeler Registration No.                 | Two wheeler Registration No.                 | Two wheeler Registration No.                 |

*[Handwritten Signature]*

