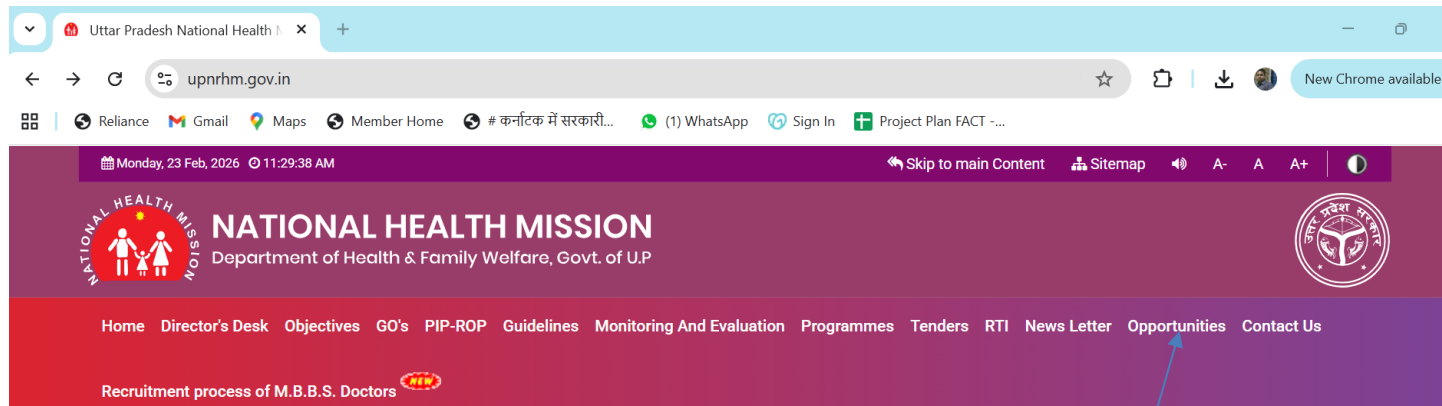


Online Recruitment Application Process for DGM post

To apply for the post of Deputy general Manager (DGM) kindly go to the official website of NHM UP.



- Click on Opportunity link of home page.
- Then click on “Apply Now” Button against advertisement no.

Recruitment/Career

For any Recruitment related queries: 0522-2630555

Advertisement No.	Advertisement	Start Date	Last Date	View Details	Apply Now
Ref. No: 696/SPMU/NHM/HR/Recruitment/2025-26/8933 Date: 23.02.2026	Application for vacant Deputy General Managers	23-February-2026	15-March-2026	Detail advertisement attached	Apply Now



- You will be directed to application portal as following



NATIONAL HEALTH MISSION, UTTAR PRADESH
Department of Health & Family Welfare, Govt. of U.P.



[HOME](#) [ABOUT NHM](#) [ADVERTISEMENT AND HOW TO APPLY](#)

CANDIDATES ARE REQUESTED TO READ THE DETAILED ADVERTISEMENT CAREFULLY BEFORE APPLYING.

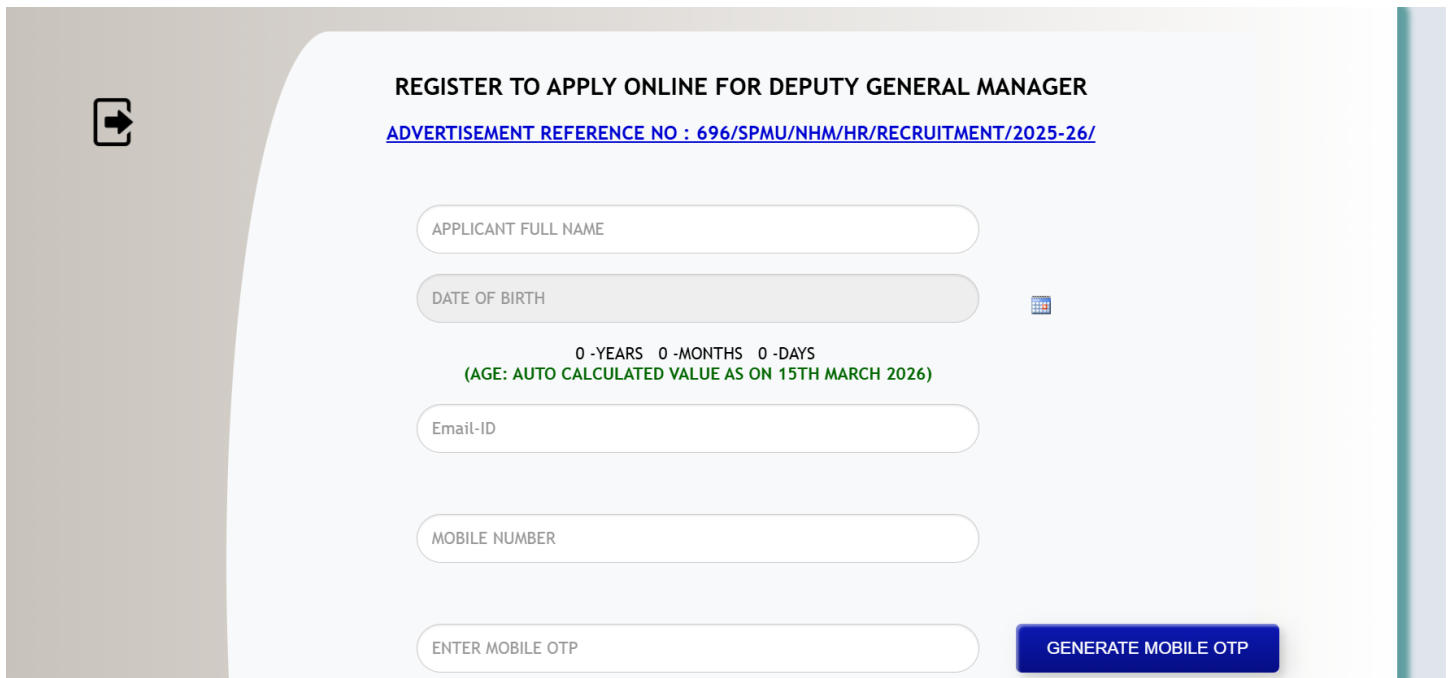


The Online Recruitment Application process consists of following steps:

- Step 1:** The applicant is required to enter all basic information such as Name, Date of Birth, Email, Contact number and other details, if applicable. On successful completion of this stage, an acknowledgement for further apply and login credentials will be sent to applicant's Email id and mobile number.

 REGISTRATION To fill Online Application Form, please Register yourself	 EXISTING USER If you are already Registered, please Login to proceed to fill the form. After you have completed and submitted the form you may	 Forgot Password Get your password by filling relevant information.
---	---	---

- Click on “Registration” button to start a fresh registration. You will get below screen.



REGISTER TO APPLY ONLINE FOR DEPUTY GENERAL MANAGER

[ADVERTISEMENT REFERENCE NO : 696/SPMU/NHM/HR/RECRUITMENT/2025-26/](#)

APPLICANT FULL NAME

DATE OF BIRTH 

0 -YEARS 0 -MONTHS 0 -DAYS
(AGE: AUTO CALCULATED VALUE AS ON 15TH MARCH 2026)

Email-ID

MOBILE NUMBER

ENTER MOBILE OTP

GENERATE MOBILE OTP

- After entering all the required details , you will be asked to generate the mobile and email OTP.



ENTER MOBILE OTP

ENTER EMAIL OTP

IF YOU HAVE NOT RECEIVED THE ONE-TIME PASSWORD IN YOUR INBOX, KINDLY CHECK YOUR SPAM OR JUNK FOLDER AS WELL.

GENERATE MOBILE OTP

GENERATE EMAIL OTP

- Generate both OTPs and enter the same. And enter the captcha.



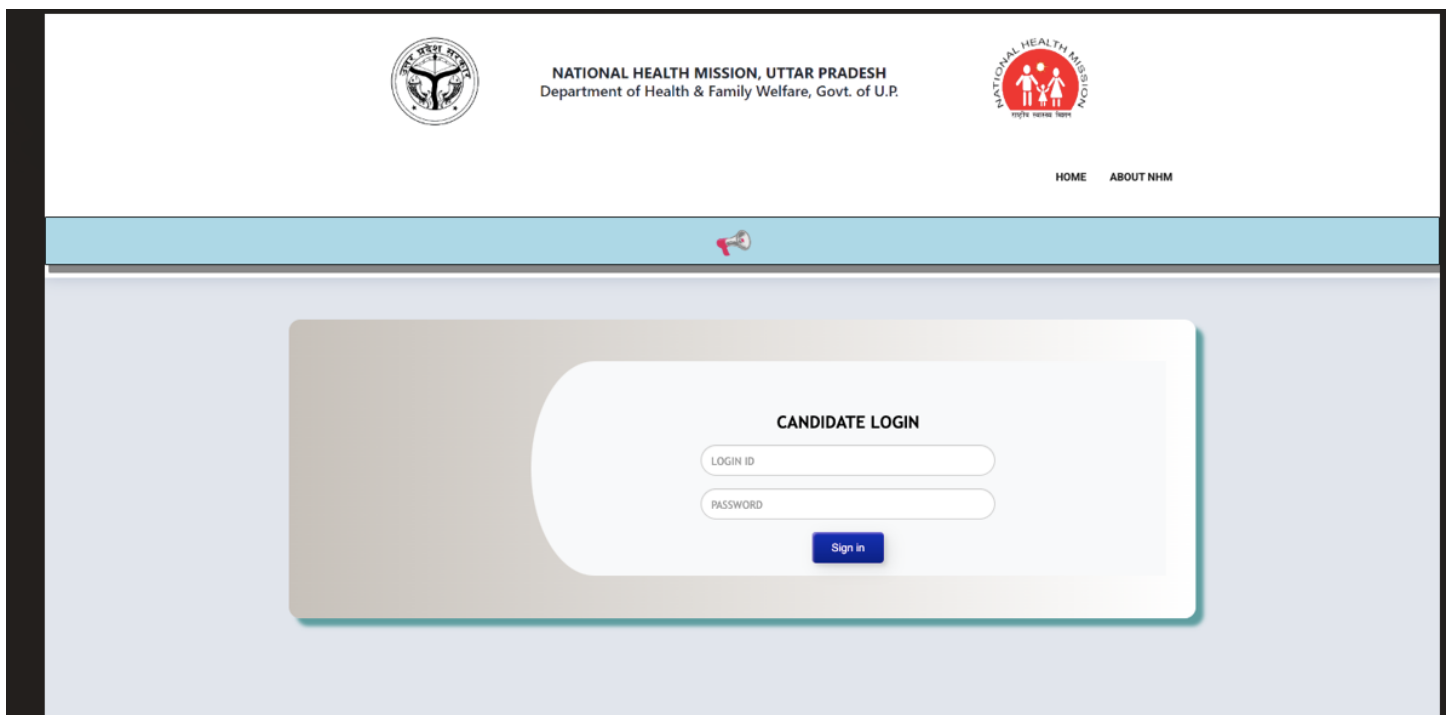
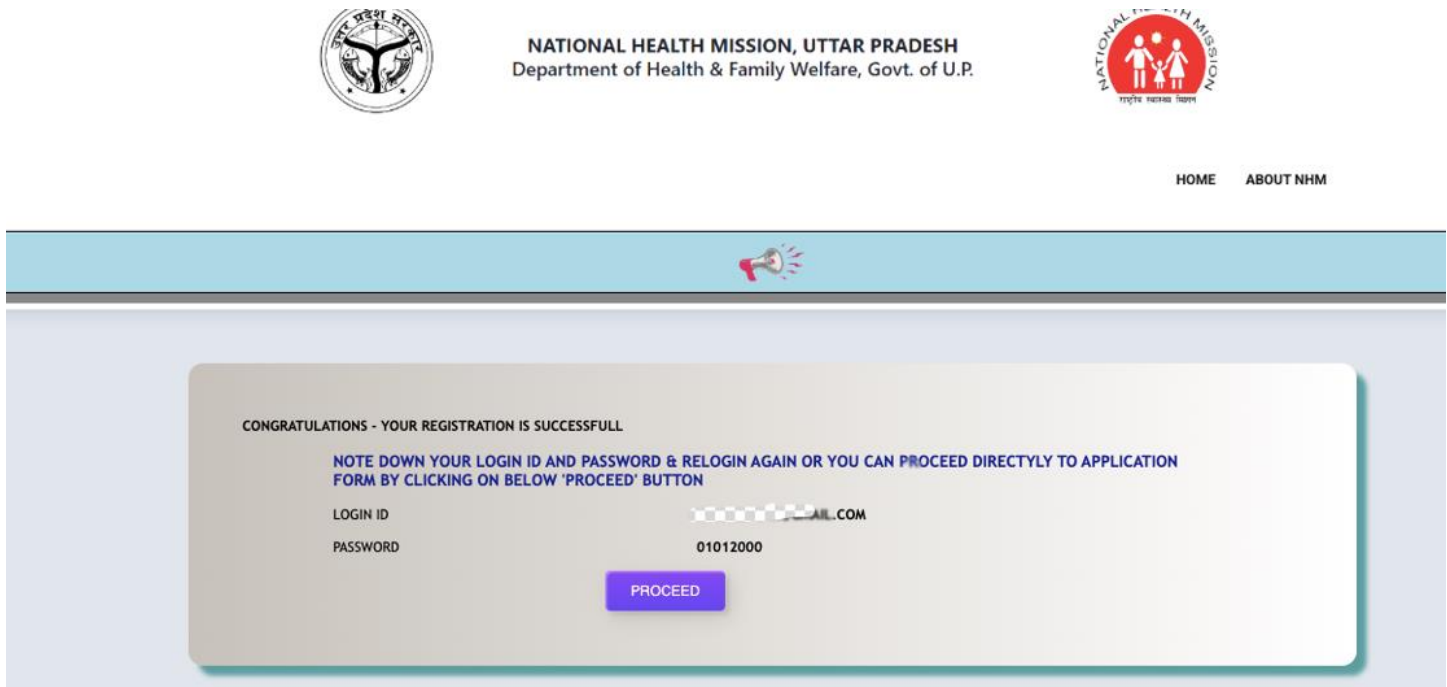
825471

CAPTCHA

[RELOAD CAPTCHA](#)

SUBMIT REGISTRATION FORM

- After submission of first step done, will be asked to login with the credentials. Before login kindly note down your login id and password.



- Kindly login with the received credentials. After first login, please change your password
- It is important to remember your login id and password for future.

CHANGE PASSWORD

OLD PASSWORD :

OLD PASSWORD

NEW PASSWORD :

NEW PASSWORD

CONFIRM PASSWORD :

CONFIRM PASSWORD

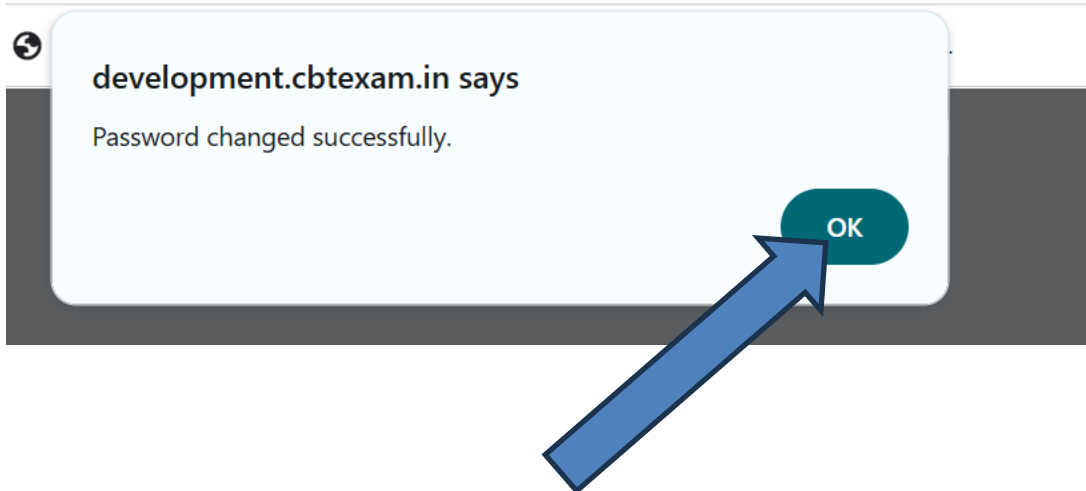
NOTE : PASSWORD SHOULD BE MINIMUM 6 CHARACTERS AT LEAST 1 UPPERCASE ALPHABET, 1 LOWERCASE ALPHABET, 1 NUMBER AND 1 SPECIAL CHARACTER
(EXAMPLE:MANGALAGIRI@123)

Change Password

Reset Password

EXIT

- After successfully change the password , you will get message as below. Click on OK



Step -2 Fill all the required details -

- Then login with the new password.

CANDIDATE LOGIN

Sign in

- Fill all the fields carefully.

REGISTRATION NO : UPNHM/2026/DGM/1036

APPLICATION FORM

ALL * FIELDS ARE MANDATORY

NOTE: THE DETAILS BELOW SHOULD BE ENTERED AS IT APPEARS IN THE MATRICULATE CERTIFICATE (CLASS 10TH CERTIFICATE) AWARDED TO YOU. THERE SHOULD NOT BE ANY VARIATION IN FORM OR SPELLING.

*APPLYING FOR	--SELECT--
*FULL NAME	FAIYAZ AHMED SIDDIQUI
*DATE OF BIRTH	10-08-1982 (43-YEARS 7-MONTHS 5-DAYS) (AGE: AUTO CALCULATED VALUE AS ON 15TH MARCH 2026)
*FATHER'S/HUSBAND'S NAME	Mr FATHER/GUARDIAN NAME
*MOTHER'S NAME	Mrs MOTHER NAME
*GENDER	--SELECT--
*MARITAL STATUS	--SELECT--
*NATIONALITY	--SELECT--
*DOMICILE	--SELECT--
*CATEGORY	
*PWD CERTIFICATE	--SELECT--
*EX SERVICEMAN (SERVICE RENDERED)	--SELECT--
NOTE: AN 'EX-SERVICEMAN' MEANS A PERSON WHO HAS SERVED IN ANY RANK, WHETHER AS A COMBATANT OR NON-COMBATANT, IN THE REGULAR ARMY, NAVY AND AIR FORCE OF THE INDIAN UNION. A DOMICILE CERTIFICATE OF UTTAR PRADESH IS MANDATORY.	
*COVID EXPERIENCE	--SELECT--

☐ I HAVE READ ALL THE PROVISIONS OF NOTICE/ADVERTISEMENT CAREFULLY AND I HEREBY DECLARE THAT THE INFORMATION SUBMITTED BY ME IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. I SHALL BE LIABLE FOR ANY DISCIPLINARY/PUNITIVE ACTION IN CASE ANY OF THE DETAILS ARE FOUND TO BE INCORRECT. FURTHER I UNDERSTAND THAT MY CANDIDATURE WILL BE CANCELLED IN CASE OF ANY FALSE MISLEADING INFORMATION IS SUBMITTED BY ME.

SAVE & NEXT

- After filling all the fields, click on "Save & Next" Button. You will be redirected to the below screen.

REGISTRATION NO : UPNHM/2026/DGM/1036

ALL * FIELDS ARE MANDATORY

*MOBILE NUMBER

*EMAIL ID

CURRENT ADDRESS

*ADDRESS

*CITY

*STATE/U.T.

*PINCODE

PERMANENT ADDRESS

SAME AS CURRENT ADDRESS ☐

*ADDRESS

*CITY

*STATE/U.T.

*PINCODE

SAVE & NEXT

- After filling all the fields , click on “Save & Next” Button. You will be redirected to the below screen.

EDUCATIONAL QUALIFICATION

REGISTRATION NO : UPNHM/2026/DGM/1036 POSTNAME: DEPUTY GENERAL MANAGER-OPEN MARKET

EXAMINATION	BOARD/UNIVERSITY	INSTITUTE/COLLEGE NAME	YEAR AND MONTH OF PASSING	STREAM / SUBJECT	PERCENTAGE
MATRICULATION (10TH)					
			--SELECT-- --SELECT--		
INTERMEDIATE (10+2)					
			--SELECT-- --SELECT--		
ESSENTIAL QUALIFICATION : (FULL TIME LLH OR MBA/PGDBA/PGDBH WITH SPECIALIZATION IN IR/HUMAN RESOURCE/ PRODUCTION / MATERIAL MANAGEMENT/OPERATIONS (OPTIONAL -SUPPLY CHAIN MANAGEMENT)/HEALTH/HOSPITAL MANAGEMENT OR MCA/BE(CS/IT)/B.TECH. (CS/IT)/MPH/MSW OR MBBS/ BDS WITH TWO YEAR POST GRADUATE DIPLOMA IN HOSPITAL MANAGEMENT/ADMINISTRATION)					
			--SELECT-- --SELECT--	QUALIFICATION --SELECT--	
DESIRABLE QUALIFICATION					
			--SELECT-- --SELECT--	QUALIFICATION --SELECT--	
ADD MORE QUALIFICATION DETAILS... ADD ANY OTHER QUALIFICATION 1					
WORK EXPERIENCE (07 YEARS OF POST-QUALIFICATION EXPERIENCE IN PUBLIC HEALTH/HEALTHCARE MANAGEMENT/RELEVANT FIELD)					
SR. NO.	NAME OF EMPLOYER	DESIGNATION	ADDRESS OF EMPLOYER	START DATE	END DATE
1				DD-MM-YYYY	DD-MM-YYYY

- In above , you need to fill all the educational qualification & work experience details. Kindly read the advertisement copy carefully for the same. Click on “Save & Next” Button. You will get below screen.

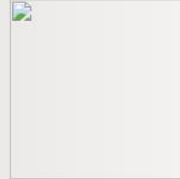
UPLOAD DOCUMENTS

REGISTRATION NO : UPNHM/2026/DGM/1036

KINDLY UPLOAD RELEVANT DOCUMENTS/PROOFS

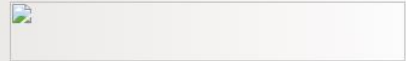
*RECENT PASSPORT SIZE COLORED PHOTOGRAPH

Choose file No file chosen
(.JPG UPTO 100KB)



* CANDIDATE SIGNATURE

Choose file No file chosen
(.JPG UPTO 100KB)



*MATRICULATION (10TH) CERTIFICATE

Choose file No file chosen
(.PDF UPTO 200KB)



*INTERMEDIATE (10+2) CERTIFICATE

Choose file No file chosen
(.PDF UPTO 200KB)



*ESSENTIAL QUALIFICATION CERTIFICATE

Choose file No file chosen
(.PDF UPTO 200KB)



*WORK EXPERIENCE 1 CERTIFICATE

Choose file No file chosen



- On this page , please upload all the required documents such as educational qualification documents , work experience documents , photo , signature and all other documents , if applicable. Click on “ Save & Next “ Button.

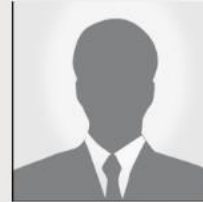
UPLOAD DOCUMENTS

REGISTRATION NO : UPNHM/2026/DGM/1036

KINDLY UPLOAD RELEVANT DOCUMENTS/PROOFS

*RECENT PASSPORT SIZE COLORED PHOTOGRAPH

Choose file d.jpeg
(.JPG UPTO 100KB)



* CANDIDATE SIGNATURE

Choose file ds.jpeg
(.JPG UPTO 100KB)



*MATRICULATION (10TH) CERTIFICATE

Choose file sample mar...pressed.pdf
(.PDF UPTO 200KB)



*INTERMEDIATE (10+2) CERTIFICATE

Choose file sample mar...pressed.pdf
(.PDF UPTO 200KB)



*ESSENTIAL QUALIFICATION CERTIFICATE

Choose file sample mar...pressed.pdf
(.PDF UPTO 200KB)



- You will get below screen.

TOTAL EXPERIENCE AS ON 23RD NOV 2023

7 YEAR(S) 2 MONTH(S) 3DAY(S)

UPLOAD DOCUMENTS

MATRICULATION (10TH) CERTIFICATE	UPLOADED
INTERMEDIATE (10+2) CERTIFICATE	UPLOADED
ESSENTIAL QUALIFICATION CERTIFICATE	UPLOADED
ID PROOF	UPLOADED
VALID CATEGORY CERTIFICATE (IN CASE OF OBC (NCL), THE CERTIFICATE MUST BE ON THE FORMAT AVAILABLE ON ANNEXURE-I FOR OBC (NCL) OF THIS ADVERTISEMENT SHALL BE TREATED VALID.)	UPLOADED
WORK EXPERIENCE 1 CERTIFICATE	UPLOADED
ADDRESS PROOF	UPLOADED

DECLARATION:

I HAVE READ ALL THE PROVISIONS OF NOTICE/ADVERTISEMENT CAREFULLY AND I HEREBY DECLARE THAT THE INFORMATION SUBMITTED BY ME IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. I SHALL BE LIABLE FOR ANY DISCIPLINARY/PUNITIVE ACTION IN CASE ANY OF THE DETAILS ARE FOUND TO BE INCORRECT. FURTHER I UNDERSTAND THAT MY CANDIDATURE WILL BE CANCELLED IN CASE OF ANY FALSE MISLEADING INFORMATION IS SUBMITTED BY ME.

MODIFY

SUBMIT

At this stage you can also modify your form details if required by clicking on “Modify” Button or click on “Submit” Button to submit the form finally. Please note after final submission of form you will not be able to change/modify any detail. After final submission, kindly take the printout and save the filled form for future reference.

*******ALL THE BEST*******