

**Performa for preliminary registration for Ph.D. degree in various faculties/  
departments of Baba Farid University of Health Sciences, Faridkot**

Affix Passport  
Size Photograph

1	Name of the candidate (in block letters)	
2	Date of birth	
3	Age and Sex	
4	Father's name	
5	Mother's name	
6	Program for which applying	
7	Do you want to pursue this degree programme as a regular candidate or as a part-time candidate	
8	If employed, give details showing designation and address of place of employment (NOC from the employer is required to be submitted with regular registration application form)	
9	Permanent address of the candidate	
10	Details of Graduation (University/Subjects/Marks/Division)	

11	Details of Postgraduation (University/Subject/Marks/Division)	
12	Teaching or research experience, If any	
13	Proposed subject of Ph.D. thesis, If any	
14	Have you submitted the prescribed fee for preliminary registration for Ph.D. degree? If yes, give details i. Amount ii. Receipt No. iii. Date	
15	Have you attached Photostat copies of certificates  i. Matriculation ii. Graduation iii. Postgraduation iv. Any other degree	
16	Your telephone number on which you could be contacted	
17	Your e-mail address, if any	
18	Date on which this application is being submitted	
19	Any other pertinent information	
20	Signature of the candidate	