

**Baba Farid University of Health Sciences, Faridkot**  
Sadiq Road Faridkot – 151203 (Pb) India  
Application form

**Advt. No 01/2021**

**Last Date- 19.01.2021**

Details of Application fee  
DD No. Date and Amount

Affix Attested  
Passport size  
Photograph

Note: 1. **Incomplete applications are liable to be rejected.**

1. Application for the post of \_\_\_\_\_ Specialty \_\_\_\_\_

2. Applicant's Name (IN BLOCK LETTERS)

3. Father's Name (IN BLOCK LETTERS)

4. i) Date of Birth of Applicant  
(attach proof)

  
DAY  
MONTH  
YEAR

ii) Age: (as on last date for  
Receipt of application)

  
YEARS  
MONTHS  
DAYS

5. Write in the box ONLY ONE category out of SC/ST/BC/GEN  
To which you belong (attach proof if SC/ST/BC):

6. Nationality: \_\_\_\_\_ 7. Religion \_\_\_\_\_ 8. Marital Status; \_\_\_\_\_

9. Educational/Academic Qualification: (attach attested copies certificates)

Examination Passed	Subjects	Year of passing	No. of attempts	University/Institution	Status of MCI recognition (attach proof)
M.B.B.S.					
M.D./M.S./MDS.					
DM/M.Ch					

**Please attach proof of Recognition of degree by medical Council of India, candidate possessing degree not recognized by MCI will not be allowed to appear for interview.**

10. No. of papers published :      National      \_\_\_\_\_  
(please attach proof)

International      \_\_\_\_\_

11. Details of prizes, Medlas, Scholarships &  
National/ International Awards and Additional  
Qualification such as membership of scientific  
society etc.

12. Chronological details of upto date appointments after obtaining qualification (attach experience certificate):

Post held	From	To	Total period	Employer's address

13. (a) Central/State Medical Council with which the applicant is registered (attach proof) : \_\_\_\_\_

(b) Medical/Dental Registration Number : \_\_\_\_\_

14. Permanent Address					15. Correspondence Address				
Pin Code					Pin Code				
Email:					E. Mail				
Mobile No					Mobile No				

16. Details of enclosures attached: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_

I hereby declare that I am Indian National and all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the even of any information being found false or incorrect, my appointment will be liable to be terminated without any reason or prior notice. I also understand that in case of my final selection, my appointment will be provisional subject to satisfactory police verification.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the applicant

**CERTIFICATE BY THE PRESENT EMPLOYER**

(In case of candidate who is already in service)

N o. \_\_\_\_\_ Date \_\_\_\_\_

Forwarded with the remarks that here is no objection to the selection/appointment of Dr. \_\_\_\_\_ to the post applied for at BFUHS, Faridkot.

Signature of the employer with  
Office Stamp & date