

**Baba Farid University of Health Sciences, Faridkot**

Sadiq Road Faridkot – 151203 (Pb) India

**Application form**

Advt.No. 8/17

Last Date: 31.10.2017

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 \_\_\_\_\_

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: \_\_\_\_\_ Sex \_\_\_\_\_

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

| Examination Passed | Year of passing | Marks obtained/ Max marks | Percentage | No. of attempts | Institution Name |
|--------------------|-----------------|---------------------------|------------|-----------------|------------------|
|                    |                 |                           |            |                 |                  |
|                    |                 |                           |            |                 |                  |
|                    |                 |                           |            |                 |                  |
|                    |                 |                           |            |                 |                  |
|                    |                 |                           |            |                 |                  |

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

Please use separate sheet

| S.No. | Name of research article | Author 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> | Name of Journal | Index/ Non index | Date of publication/ accepted | Pblication/review article/case report |
|-------|--------------------------|--|-----------------|------------------|-------------------------------|---------------------------------------|
|       |                          |  |                 |                  |                               |                                       |

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 Council with which the applicant is registered (attach proof) : \_\_\_\_\_

(b) Registration Number : \_\_\_\_\_

14. Punjabi upto Matric standard (Y/N) \_\_\_\_\_

| 15. Permanent Address |  |  |  |  |  | 16. Correspondence Address |  |  |  |  |  |
|-----------------------|--|--|--|--|--|----------------------------|--|--|--|--|--|
|                       |  |  |  |  |  |                            |  |  |  |  |  |
|                       |  |  |  |  |  |                            |  |  |  |  |  |
|                       |  |  |  |  |  |                            |  |  |  |  |  |
| Pin Code              |  |  |  |  |  | Pin Code                   |  |  |  |  |  |
| Email:                |  |  |  |  |  | E. Mail                    |  |  |  |  |  |

**Mobile No.**

17. 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