

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 Registration Number : _____

14. Punjabi upto Matric standard (Y/N) _____

15. Permanent Address					16. Correspondence Address					
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