

**Guru Gobind Singh Medical College, Faridkot**  
**Baba Farid University of Health Sciences, Faridkot**  
 Tel.: 01639-256232, 256236, E-mail: [generalinfo@bfuhs.ac.in](mailto:generalinfo@bfuhs.ac.in) Fax: 01639-256234  
 Sadiq Road Faridkot – 151203 (Pb) India  
 Application Form

**Last Date: 5.8.2019**

Details of Application fee  
 Receipt No. 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 (M/F) \_\_\_\_\_

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

Examination Passed	Percentage	Year of passing	No. of attempts	University/Institution	

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

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

Post held	From	To	Total period	Employer's address

12. (a) Punjabi up to matric or not (yes/no) : \_\_\_\_\_

13. Permanent Address					14. Correspondence Address				
Pin Code					Pin Code				
Ph. No. E. Mail					Ph. No. E. Mail				

15 Details of enclosures attached: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

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)

No. \_\_\_\_\_ 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