Tel.: 01639-256232, 256236, E-mail:generalinfo@bfuhs.ac.in Fax: 01639-256234

Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

Application form for the post of Medical Faculty

WALK-IN-INTERVIEW
29.01.2010

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 _____in_____
   (Subject/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/OBC/GEN To which you belong (attach proof if SC/ST/OBC):

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./B.D.S./M.Sc					
*M.D./*M.S./M.D.S./Ph.D.					

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

10. No. of papers published : National [ ] 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 Registration Number :_____

14. **Permanent Address**						15. **Correspondence Address**					
Pin Code						Pin Code					
Ph. No.	E. Mail					Ph. No.	E. Mail				

16. Details of enclosures attached: As per list.

I hereby declare that I am Indian National and all statements made in this application are true, complete and correct to the bets 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