Tel.: 01639-256232, 256236, <u>E-mail:generalinfo@bfuhs.ac.in</u> Fax: 01639-256234 **Baba Farid University of Health Sciences, Faridkot** Sadiq Road Faridkot – 151203 (Pb) India

Application form

Advt.	No. 7/17			Las	t Date: 17.10.201	17
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					Photograp	
Note:	1. Incomple	ete applications a	re liable to be rej	ected.		
1.	Application f	or the post of		_in		
2.	Applicant's N	Jame (IN BLOCK	LETTERS) as per	(Subject/Spec academic record	nalty)	
3.	Father's Nam	e (IN BLOCK LE	TTERS) as per aca	ademic record		
	4. i) Date of (attach	f Birth of Applican proof)	t	DAY	MONTH	YEAR
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S.No.	Name of research	Author 1 st /2 nd /3 rd	Name of Journal	Index/ Non index	Date of publicatio accepted	n/ Pblication/review article/case

report

article

- 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	То	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						Pin Code	
Email:							E. Mail	

Mobile No.

17.	Details of enclosures attached:	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

Signature of the employer with Office Stamp & date