

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

Last Date: 31.10.2019

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)

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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3. Father's Name (IN BLOCK LETTERS)

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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 |
|-----------|------|----|--------------|--------------------|
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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)

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