Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

Application form

Advt.No. 08/15   **Last Date: 8.10.2015**

Details of Application fee
DD No. Date and Amount

<table>
<tr><td>Affix Attested
Passport size
Photograph</td></tr>
</table>

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/BC/GEN
      To which you belong (attach proof if SC/ST/BC):   [   ]

6.   Nationality:_____7. Religion_____8. Marital Status;_____Sex_____

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

Examination Passed	Year of passing	Marks obtained/ Max marks	Percentage	No. of attempts	Institution Name

The candidates possessing DNB qualification are required to submit certificate that the concerned institute is a MCI recognized medical college/central institute OR other than MCI recognized college/institutes. The institute if running Post Graduate courses/ Graduate courses.

* 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   [   ]
     (please attach proof)

Please use separate sheet

S.No.	Name of research article	Author 1st/2nd/3rd	Name of Journal	Index/ Non index	Date of publication/ accepted	Pblication/review article/case report

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. 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:
    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