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

Advt.No. 2/18   **Last Date: 5.02.2018**

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 _____

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/UR
     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

* Please attach proof of Recognition of MBBS/MD/MS degree by medical Council of India. .

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 Council with which the
        applicant is registered (attach proof)   :_____

    (b) 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_____

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