Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot - 151203 (Pb) India

Application form

Advt.No. 8/14						Last Date: 8.7.2014														
Details of Application fee DD No. Date and Amount																fix A				
											Passport size Photograph									
Note:	Note: 1. Incomplete applications are liable to be rejected.																			
1.	App	licatio	on for	the p	ost of	·				in										
2.	(Subject/Specialty)																			
3.	3. Father's Name (IN BLOCK LETTERS)										_									
4. i) Date of Birth of Applicant (attach proof)							D.	AY		N	10N'	ГН	[YE	AR					
	ii) Age: (as on last date for Receipt of application)						YE	EARS		N	10N'	ГНS		DA	YS					
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_			X										

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)

* 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 (please attach proof)

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	То	Total period	Employer's address

13. (a) Central/State Medical Council with which the applicant is registered (attach proof)

(b) Medical/PharmacyNursing 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