## 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. 03/18

## Last Date: 16.04.2018

| Details of Applica<br>DD No. Date and   | Passport  | Affix Attested<br>Passport size<br>Photograph |                        |                 |                     |  |  |  |  |  |
|---|---|---|------------------------|-----------------|---------------------|--|--|--|--|--|
| Note: 1. Inco   | mplete application                              | s are liable to be r                          | ejected.               |                 |                     |  |  |  |  |  |
| 1. Applicati  | on for the post of _                            |   |                        |                 |                     |  |  |  |  |  |
| 2. Applicant's Name (IN BLOCK LETTERS)  |   |   |                        |                 |                     |  |  |  |  |  |
|   |   |   |                        |                 |                     |  |  |  |  |  |
| 3. Father's   | 3. Father's Name (IN BLOCK LETTERS)             |   |                        |                 |                     |  |  |  |  |  |
|   |   |   |                        |                 |                     |  |  |  |  |  |
|   | te of Birth of Appli<br>each proof)             | cant  | DAY                    | MONTH           | YEAR                |  |  |  |  |  |
|   | e: (as on last date fo<br>ceipt of application) |   | YEARS                  | MONTHS          | DAYS                |  |  |  |  |  |
| 5. Write in the box ONLY ONE category out of SC/ST/BC/GEN<br>To which you belong (attach proof if SC/ST/BC ): |   |   |                        |                 |                     |  |  |  |  |  |
| 6. Nationality:7. Religion8. Marital Status;9. Sex  |   |   |                        |                 |                     |  |  |  |  |  |
| 10.Education:   | al/Academic Oualif                              | ication: (attach atte                         | sted copies of certifi | cates)          |                     |  |  |  |  |  |
| Examination<br>Passed   | Year of passing                                 | Marks obtained/<br>Max marks                  | Percentage             | No. of attempts | Institution<br>Name |  |  |  |  |  |
|   |   |   |                        |                 |                     |  |  |  |  |  |
|   |   |   |                        |                 |                     |  |  |  |  |  |
|   |   |   |                        |                 |                     |  |  |  |  |  |

 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. Punjabi upto Matric standard (Y/N)

5.

| 14. Permanent Address |          |  |  |  | 15. Correspondence Address |          |   |  |
|-----------------------|----------|--|--|--|----------------------------|----------|---|--|
|                       |          |  |  |  |                            |          |   |  |
|                       |          |  |  |  |                            |          |   |  |
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|                       |          |  |  |  |                            |          |   |  |
| ]                     | Pin Code |  |  |  |                            | Pin Code | Τ |  |
| Email:                |          |  |  |  |                            | E. Mail  |   |  |

Mobile No.

4.

| 16. | Details of enclosures attached: | •2 | 23 | 3 |
|-----|---------------------------------|----|----|---|
|     |                                 |    |    |   |

7.

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.

6.

Date:\_\_\_\_\_\_Place:

Signature of the applicant

8.

## **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