Tel.: 01639-256232, 256236, <u>E-mail:generalinfo@bfuhs.ac.in</u> Fax: 01639-256234

Baba Farid University of Health Sciences, FaridkotSadiq Road Faridkot – 151203 (Pb) India **Application form**

Advt.No. 03/15		Last Date: 20.04.2015							
Details of Application fee DD No. Date and Amount		Affix Attested							
		Passport size Photograph							
Note: 1. Incomplete application	ons are liable to be rejected.								
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3. Father's Name (IN BLOCK	K LETTERS)								
4. i) Date of Birth of App (attach proof)	olicant DAY	MONTH YEAR							
ii) Age: (as on last date Receipt of application		MONTHS DAYS							
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6. Nationality:	7. Religion8. Marital Status	Sex							
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Examination Year of passing Passed	Marks obtained/ Percentage Max marks	No. of attempts Institution Name							
	gnition of MBBS/MD/MS degree by medic not recognized by MCI will not be allowed								
10. No. of papers published: (please attach proof)	National Intern	national							

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