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## Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

## Application form Walk-In-Interview (Medical Faculty)

Advt.No. 07/21

Date of Interview 27/04/2021

Details of Applica DD No. Date and				Affix Atte Passport s Photograp	size
Note: 1. Incor	nplete applications	are liable to be re	ejected.		
	on for the post of 's Name (IN BLOC		(Subject/Spec		
3. Father's N	Name (IN BLOCK I	LETTERS) as per a	cademic record		
	e of Birth of Applicach proof)	ant	DAY	MONTH	YEAR
	: (as on last date for eipt of application)	•	YEARS	MONTHS	DAYS
5. Category		Sub Catego	ry	(attach proof)	1
6. Nationali	y:7.	Religion	8. Marital Sta	atus;9	O. Sex
	al/Academic Qualif		sted copies of certif		
Examination Passed	Year of passing	Marks obtained/ Max marks	Percentage	No. of attempts	Institution Name
	pers published :	National	Ir	nternational	
Please use separa S.No. Name of research article	Author 1st/2nd/3rd	Name of Journal	Index/ Non index	Date of publication	on/ Pblication/review article/case report

12. Details of prizes, Medlas, Scholarships & National/ International Awards and Additional Qualification such as membership of scientific society etc. 13. Chronological details of upto date appointments after obtaining qualification (attach experience certificate): Date of PG recognition Post held From To Total period Employer's address in concerned subject\* \*This information is available on the MCI website on "College and Course Search" under "Information Desk" DNB Candidates must attach proof of institution recognition from NBE. 14. (a) Central/State Medical/Nursing Council with which the applicant is registered (attach proof) :\_\_\_\_\_ (b) Registration Number :\_\_\_\_\_ 15. Punjabi upto Matric standard (Y/N) : \_\_\_\_\_ 16. Permanent Address 17. Correspondence Address Pin Code Pin Code E-mail: E-mail Mobile No-Mobile No-18. Details of enclosures attached: \_\_\_\_\_\_\_2.\_\_\_\_\_3.\_\_\_\_\_ \_\_\_\_\_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 event 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. Signature of the applicant Place: 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.