

**Baba Farid University of Health Sciences, Faridkot**

Sadiq Road Faridkot – 151203 (Pb) India

**Application form**

**Advt.No. 09/19**

**Last Date:15.01.2020**

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 \_\_\_\_\_ in \_\_\_\_\_  
(Subject/Specialty)

2. Applicant's Name (IN BLOCK LETTERS) as per academic record

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. Father's Name (IN BLOCK LETTERS) as per academic record

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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. Category \_\_\_\_\_ Sub Category \_\_\_\_\_ (attach proof)

6. Nationality: \_\_\_\_\_ 7. Religion \_\_\_\_\_ 8. Marital Status; \_\_\_\_\_ 9. Sex \_\_\_\_\_

10. Educational/Academic Qualification: (attach attested copies of certificates)

| Examination Passed | Year of passing | Marks obtained/ Max marks | Percentage | No. of attempts | Institution Name |
|--------------------|-----------------|---------------------------|------------|-----------------|------------------|
|                    |                 |                           |            |                 |                  |
|                    |                 |                           |            |                 |                  |
|                    |                 |                           |            |                 |                  |
|                    |                 |                           |            |                 |                  |
|                    |                 |                           |            |                 |                  |

11. No. of papers published : National

International

Please use separate sheet

| S.No. | Name of research article | Author 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> | Name of Journal | Index/ Non index | Date of publication/ accepted | Pblication/review article/case report |
|-------|--------------------------|--|-----------------|------------------|-------------------------------|---------------------------------------|
|       |                          |  |                 |                  |                               |                                       |

12. Details of prizes, Medals, 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):

| Post held | From | To | Total period | Date of PG recognition in concerned subject* | Employer's address |
|-----------|------|----|--------------|--|--------------------|
|           |      |    |              |  |                    |
|           |      |    |              |  |                    |
|           |      |    |              |  |                    |
|           |      |    |              |  |                    |
|           |      |    |              |  |                    |

\*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: 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 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.

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