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

Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot - 151203 (Pb) India

Application form

Walk-In-Interview

<u>Advt. No. 07</u>	<u>of 2023</u>			Interview I	Date 18.08
Details of Applica DD No. Date and A				Affix Attest Passport size Photograph	
Note: 1. Incor	nplete application	s are liable to be r	ejected.		
1. Application	on for the post of _		Specialty		
2. Applicant	s Name (IN BLOC	CK LETTERS)			
3. Father's N	Name (IN BLOCK	LETTERS)			
	te of Birth of Appli ach proof)	cant	DAY	MONTH	YEAR
ii) Age	: (as on 01.01.2023	3)	YEARS	MONTHS	DAYS
		E category out of So proof if SC/ST/BC			
6. Nationali	ty:7.	8. Marital Sta	atus;		
9. Education	al/Academic Quali	fication: (attach att	ested copies certific	cates)	
Examination	Subjects	Year of passing	No. of attempts	University/Institution	Status of M

Examination	Subjects	Year of passing	No. of attempts	University/Institution	Status of MCI
Passed					recognition
					(attach proof)
M.B.B.S.					
M.D./M.S/MDS.					
DM/M.Ch					

Please attach proof of Recognition of degree by National Medical Commission, candidate possessing degree not recognized by NMC will not be allowed to appear for interview.

10. No. of papers published : National (please attach proof)

International

.2023

- 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/Dental Registration Number

14. Permanent Address					15. Correspondence Address						
	Pin Code					Pin Code					
Email:					E. Mail						
Mobile No					Mobile No						

16.	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