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

Add 1 of 2020 Last date: 29.1.2020

1144 1 01 2020	,		Las	t date : 27.11.20	20
Details of Applica DD No. Date and				Affix Att Passport	
				Photogra	pn
Note: 1. Inco	mplete application	s are liable to be re	ejected.		
1. Applicat	ion for the post of _				
2. Applican	t's Name (IN BLO	CK LETTERS)			
3. Father's	Name (IN BLOCK	LETTERS)			
	ate of Birth of Appli tach proof)	cant	DAY	MONTH	YEAR
ii) Age: (as on last date for Receipt of application)			YEARS	MONTHS	DAYS
	the box ONLY ONIn you belong (attach				
6. National	ity:7.	Religion	8. Marital Sta	tus;	Sex
9. Educatio	nal/Academic Qual	ification: (attach atte	ested copies of certi	ficates)	
Examination Passed	Year of passing	Marks obtained/ Max marks	Percentage	No. of attempts	Institution Name

10. Details of prizes, Medlas, Scholarships & National/ International Awards and Additional Qualification such as membership of scientific society etc.

Post held	From	То	Total per	od	Employer's address		
Punjabi upto M	atric standard	(Y/N)	-				
3. Permanent Address				14. <b>C</b> o	14. Correspondence Address		
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	Pin Code				Pin Code		
Email:				E. Ma	il		
e No.							
15. Details of	enclosures att	tached:		2	3		
4	5		6	,	78		
y declare that I to the best of my			d all stateme	nts made in	this application are true, complete		
to the best of m	y knownedge a	ind belief.					
				Si	ignature of the applicant		