

Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

**Application form
Walk-in-interview (Guest Faculty)**

Advt. 18 of 21

Date of interview: 21/12/2021

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)

3. Father's Name (IN BLOCK LETTERS)

4. i) Date of Birth of Applicant (attach proof)
- DAY MONTH YEAR

- ii) Age: (as on 01.01.2021)
- YEARS MONTHS DAYS

5. Write in the box ONLY ONE category out of SC/ST/BC/GEN
To which you belong (attach proof if SC/ST/BC):

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 attach proof)

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):

Post held	From	To	Total period	Employer's address

14. (a) Central/State 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					
Email:						E. Mail					

Mobile No.

18. Details of enclosures attached: . _____ 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.

Date: _____

Place: _____

Signature of the applicant