Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

Application form for the post of Senior Resident

Advt. 8/20

tails of Application fee No. Date and Amount te: 1. Incomplete app	lications are liable to be rej	jected.	Affix At Passport Photogra	size
1. Application for the p				
2. Applicant's Name (I	N BLOCK LETTERS)			
3. Father's Name (IN I	BLOCK LETTERS)			
4. i) Date of Birth (attach proof) ii) Age: (as on las		DAY	MONTH	YEAR
Receipt of app 5. Write in the box ON			MONTHS	DAYS
6. Nationality:				

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

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

* Please attach proof of Recognition of MBBS/MD/MS degree by medical Council of India, candidate possessing degree/PG degree not recognized by MCI will not be allowed to appear for interview.

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

International

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 Registration Number

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

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____

Signature of the employer with Office Stamp & date