## **Guru Gobind Singh Medical College, Faridkot Baba Farid University of Health Sciences, Faridkot** Tel.: 01639-256232, 256236, <u>E-mail:generalinfo@bfuhs.ac.in</u> Fax: 01639-256234

Sadiq Road Faridkot – 151203 (Pb) India

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## Application Form

Details of Application for	Last Date: 08/09/2021					
Details of Application fee DD No., DD Date DD Amount	Affix Attested Passport size Photograph					
Note: 1. Incomplete applications are liable to be rejected.						
1. Application for the post of <u>Field Worker under ICMR Project</u>						
2. Applicant's Name (IN BLOCK LETTERS)						
3. Father's Name (IN BLOCK LETTERS)						
4. i) Date of Birth of Applicant [] DAY	MONTH YEAR					
ii) Age: (as on 01.01.2021)	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. Religion8. Marital Status	;Sex (M/F)					

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

Examination Passed	Percentage	Year of passing	No. of attempts	University/Institution	

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

11. Chronological details of upto date appointments after obtaining qualification (attach experience certificate):

Post held	From	То	Total period	Employer's address

12. (a) Punjabi up to Matric standard (yes/no)

:\_\_\_\_\_

13. Permanent Address			14. Correspondence Address								
	Pin Code					Pin Code					
Ph. No.	E. Mail				Ph. No.	E. Mail					

 15 Details of enclosures attached:
 1\_\_\_\_\_\_2.\_\_\_\_3.\_\_\_\_

 4.\_\_\_\_\_5.\_\_\_6.\_\_\_7.\_\_\_8.\_\_9.\_\_\_\_

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