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

Advt.No. 3/17		Last Date: 17.7.2017										
Details of Applica								Pa	ffix A Isspo Iotog	ort s	ize	
Note: 1. Inco	mplete application	ıs are liab	le to be 1	ejected.								
1. Applicati	ion for the post of _		S	Specialty_								
2. Applican	tt's Name (IN BLO	CK LETT	ERS)									
3. Father's	Name (IN BLOCK	LETTER	S)									
(ati ii) Ag	ate of Birth of Appl tach proof) e: (as on last date for ceipt of application	or			DAY EARS			10N' 10N'			YE.	
	the box ONLY ON 1 you belong (attach					ndicap	ped):					
6. Nationali	ity:7	. Religion		8.	Marita	al Stat	us;			Se	ex	
9. Educatio	nal/Academic Qual	ification:	(attach at	tested cop	oies of	certif						
Examination Passed	Year of passing	Marks o Max ma	btained/ irks	Percen	tage		No.	of at	temp	ts	Insti Nam	tution e
										1		

(please attach proof)

Please use separate sheet

S.	.No.	Name of research article	Author 1 st /2 nd /3 rd	Name of Journal	Index/ Non index	Date of publication/ accepted	Pblication/review article/case report

- 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 Council with which the applicant is registered (attach proof)
 - (b) Registration Number :_____

14. Punjabi upto Matric standard (Y/N)

15. Permanent Address					16. Correspondence	Address				
	Pin Code					P	Pin Code			
Email:						E. Mail				

Mobile No.

17.	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. 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