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

Advt.No. 2/2016

Application form

Last Date: 05.02.2016

Details of Application fee DD No. Date and Amount							Affix Attested Passport size Photograph							
Note: Incomple	ete application	ns are liable (to be reje	cted.										
1. Applicati	ion for the pos	t of						_						
2. Applican	tt's Name (IN]	BLOCK LET	TERS)											
3. Father's	Name (IN BLO	OCK LETTE	RS)	-					L		_			I
	te of Birth of A tach proof)	Applicant			D	AY		N	/10N'	ГН	Ľ	YEA	AR	
ii) Age: (as on 01.01.2016)					YE	ARS		N	10N'	ГНS		DAY	YS	l
	the box ONLY 1 you belong (a				/BC/0	GEN								
6. National	ity:	7. Religio	n		_8. N	Iarita	l Stat	us;			9.9	Sex		
10. Educatio	nal/Academic	Qualification	: (attach a	attested	copi	es of	certifi	icates	5)					
Examination Passed	Year of passing	Marks ob Max m		Per	centa	ge	No	o. of a	attem	pts	Univ	-	/Insti me	tution

11. Detail of Internship from ______to _____to

Name of Institute from where internship completed _____

12. TMC qualified : YES/NO _____ (only for Radiotherapy Technician)

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

Post held	From	То	Total period	Employer's address

14. Punjabi upto Matric standard (Y/N)

15. Permanent Address	16. Correspondence Address					
Pin Code	Pin Code					
Email:						
Mobile No:						

17. Details of enclosures attached:

1	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____

Signature of the employer with Office Stamp & date