

Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

Application form

Advt.No. 4/16

Last Date: 1.7.2016

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 last date for
Receipt of application)

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; _____ Sex _____

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

Examination Passed	Year of passing	Marks obtained/ Max marks	Percentage	No. of attempts	Institution Name

The candidates possessing DNB qualification are required to submit certificate that the concerned institute is a MCI recognized medical college/central institute OR other than MCI recognized college/institutes. The institute if running Post Graduate courses/ Graduate courses.

* 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 International
(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	To	Total period	Employer's address

13. (a) Central/State Medical Council with which the applicant is registered (attach proof) : _____
- (b) Medical Registration Number : _____
14. Punjabi upto Matric standard (Y/N) _____

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

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 _____

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