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Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

Application form Advt.No. 09/15 Last Date: 23.11.2015 Details of Application fee DD No. Date and Amount Affix Attested Passport size Photograph Note: 1. Incomplete applications are liable to be rejected. Application for the post of ____ (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) DAYS Write in the box ONLY ONE category out of SC/ST/BC/GEN To which you belong (attach proof if SC/ST/BC): Nationality: 7. Religion 8. Marital Status; Educational/Academic Qualification: (attach attested copies of certificates) Examination Year of passing Marks obtained/ Percentage No. of attempts Institution Passed Max marks 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

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11. Details of prizes, Medlas, Scholarships & National/ International Awards and Additional