Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India Tel.: 01639-256232, 256236, <u>E-mail: recruitmentbfuhs@gmail.com</u>

Application form

Advt. No. BFU-24/05

DD No. Date a		on fee mount]						Affix Passpo Photog	ort size		
Note: Incon	nplete	e appl	lications	are	liable to	be reje	cted.								
1. Applicat	tion fo	or the	post of								L				
2. Applicat	nt's N	ame (IN BLO	CK I	LETTER	S) as pe	r acad	emic re	cord						
3. Father's	Name	e (IN	BLOCK	LET	TERS) a	as per ac	ademi	c recor	d						
4. i) Date of Birth of Applicant (attach proof)							[DAY			MONTH			YEAR	
5. Categor	у				Sub	Categor	У				_(attacł	n proof)			
6. National	lity:		7	. Rel	igion		0					-	_		
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12. Punjabi upto Matric standard (Y/N) : _____

13. Address:-									
Permanent Address		Correspondence Address							
Pin Code				Pin Code					
E-mail:				E-mail					
Mobile No-				Mobile No-					

 14. 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 event of any information being found false or incorrect, my appointment will be liable to be terminated without any reason or prior notice.

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