Tel.: 01639-256232, 256236, <u>E-mail:generalinfo@bfuhs.ac.in</u> Fax: 01639-256234

Baba Farid University of Health Sciences, FaridkotSadiq Road Faridkot – 151203 (Pb) India **Application form**

Advt.No. 05/15		Last Date: 22.06.2015				
Details of Application fee DD No. Date and Amount			Affix Attest Passport siz			
			Photograph			
Note: 1. Incomplete applications ar	e liable to be reje	ected.				
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2. Applicant straine (ii) BEOCK						
3. Father's Name (IN BLOCK LET	TTERS)					
4. i) Date of Birth of Applicant	t	DAY	MONTH	VEAD		
(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 ca	tegory out of SC/9		_			
To which you belong (attach pro						
6. Nationality:7. Rel	ligion	8. Marital Status	s;Sex			
9. Educational/Academic Qualifica	ntion: (attach attest	ted copies certificate	es)			
xamination Year of passing M	Marks obtained/ Max marks	Percentage	No. of attempts	Institution Name		
* Please attach proof of Recognitio						
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10. No. of papers published: N (please attach proof)	Vational	Inter	rnational			

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Forwarded with the remarks that here is no objection to the selection/appointment of Dr.

_____to the post applied for at BFUHS, Faridkot.