Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

Application form

Adv	t.No.	04/1	5

Last Date: 01.06.2015

Details of Applicat DD No. Date and A				Affix Atteste Passport size		
				Photograph		
Note: 1. Incor	nplete applications	are liable to be rej	ected.			
1 Application	on for the post of		in			
1. Application for the post ofin(Subject/Specialty)						
2. Applicant	t's Name (IN BLOC	K LETTERS)				
3. Father's N	Name (IN BLOCK L	ETTEDS				
		ETTERS)				
4. i) Date of Birth of Applicant DAY MONTH YEAR						
ii) Age	e: (as on last date for					
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. Religion8. Marital Status;Sex						
	-	-				
9. Education	Year of passing	Marks obtained/	ted copies certificate Percentage	s) No. of attempts	Institution	
Passed		Max marks	C .	L	Name	
			1	1	1	

* 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 (please attach proof)

International



- 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	То	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	t Address			16. Correspondence Address
	Pin Code			Pin Code
Email:				E. Mail

Mobile No.

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