## Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

## **Application form**

Advt.No. 02/15
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## Last Date: 25.03.2015

Details of Applicat							
DD No. Date and A	Amount			Affix Attest			
				Passport size	e		
				Photograph			
Note: 1. Incom	nplete applications	are liable to be rejo	ected.				
1. Application for the post ofinin							
1							
					<u>.</u>		
3. Father's N	Name (IN BLOCK L	ETTERS)					
4. i) Date of Birth of Applicant							
	ach proof)	ant	DAY	MONTH	YEAR		
ii) Aga	· (as on last data 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. Nationalit	y:7. I	Religion	8. Marital Status	s;Sex_			
			ted copies certificate		1		
Examination Passed	Year of passing	Marks obtained/ Max marks	Percentage	No. of attempts	Institution Name		
1 45504		Wax marks					

\* 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 Address			16. Correspondence Address		
	Pin Code			Pin Code	
Email:				E. Mail	

Mobile No.

17.	Details of enclosures attached:	1	23.	

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