Tel.: 01639-256232, 256236, <u>E-mail:generalinfo@bfuhs.ac.in</u> Fax: 01639-256234 **Baba Farid University of Health Sciences, Faridkot** Sadiq Road Faridkot – 151203 (Pb) India

Application form

Advt.No. 2/202	20			Last Date: 0	7.2.2020		
Details of Applica DD No. Date and				Affix Att Passport Photogra	size		
Note: 1. Inco	mulata anulization	s are liable to be ro	alastad	i notogiu,			
			-				
1. Applicati	ion for the post of _						
2. Applican	t's Name (IN BLO	CK 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) 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. Nationali	ty:7.	Religion	8. Marital Sta	tus;S	Sex		
9. Educatio	nal/Academic Qual	ification: (attach atte	ested copies of certi	ficates)			
Examination Passed	Year of passing	Marks obtained/ Max marks	Percentage	No. of attempts	Institution Name		
Tasseu					Name		

10. No. of papers published :	National	International	
(please attach proof)			

- 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 Council with which the applicant is registered (attach proof)
 - (b) 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:	•	2	3	
1	5	6	7	0	

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
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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