

Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot ó 151203 (Pb) India

Application form

Advt. No. 01/22

Last Date: 13.04.2022

Details of Application fee
DD No. Date and Amount

Affix Attested
Passport size
Photograph

Note: 1. **Incomplete applications are liable to be rejected.**

1. Application for the post of _____ in _____
(Subject/Specialty)

2. Applicant's Name (IN BLOCK LETTERS) as per academic record

3. Father's Name (IN BLOCK LETTERS) as per academic record

4. i) Date of Birth of Applicant
(attach proof)

DAY

MONTH

YEAR

ii) Age: (as on 01.01.2022)

YEARS

MONTHS

DAYS

5. Category _____ Sub Category _____ (attach proof)

6. Nationality: _____ 7. Religion _____ 8. Marital Status; _____ 9. Sex _____

10. Educational/Academic Qualification: (attach attested copies of certificates)

Examination Passed	Year of passing	Marks obtained/ Max marks	Percentage	No. of attempts	Institution Name

11. No. of papers published : National

International

Please use separate sheet

S.No.	Name of research article	Author 1 st /2 nd /3 rd	Name of Journal	Index/ Non index	Date of publication/ accepted	Publication/review article/case report

12. Details of prizes, Medals, Scholarships & National/ International Awards and Additional Qualification such as membership of scientific society etc.
13. Chronological details of upto date appointments after obtaining qualification (attach experience certificate):

Post held	From	To	Total period	Employer's address

14. (a) Central/State council with which the applicant is registered (attach proof) : _____

(b) Registration Number : _____

15. Punjabi upto Matric standard (Y/N) : _____

16. Permanent Address						17. Correspondence Address					
Pin Code						Pin Code					
E-mail:						E-mail					
Mobile No-						Mobile No-					

18. 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. 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)

No. _____ 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