

BABA FARID UNIVERSITY OF HEALTH SCIENCES

Common Admission Application Form for Admission to B.P.T., B.M.L.T & B.Sc. Medical (APB) - Session 2017

- Please read Prospectus carefully before filling this form:-
- Must be filled in BLOCK Letters only.
- Please tick (✓) the appropriate box.
- Must reach to the Registrar Baba Farid University of Health Sciences, Sadiq Road, Faridkot by 18th August, 2017 Along with Bank Draft of Rs. 3000/- (1500/- for SC candidates). Counselling will be held on 23rd August, 2017 at 11:00 A.M at Auditorium, Guru Gobind Singh Medical College, Faridkot

Please affix Self attested passport sized photograph here

1.	Category Name	Code
1.		
2.		
3.		
4.		

Filled in BLOCK Letters only

2. Name

3. Father's Name

4. Mother's Name

5. Date of Birth: 6. Sex (✓) Male Female 7. Aadhaar No: _____

8. Correspondence Address _____
 _____ Pin Code

9. Permanent Address _____
 _____ Pin Code

Tele/Fax No. _____ Mobile Ph. No. _____ E-Mail id: _____

10. Annual Income of Parents from all sources: (Rs.) 11. Belongs to (✓) Urban Rural Area

12. Name of School/College & State from where passed Qualifying Exam i.e.10+2: _____

13. Detail of Marks in Qualifying Exam:

Examination	Board/University	Roll No.	Year	Physics		Chem.		Biology		English	
				Obt.	Max.	Obt.	Max.	Obt.	Max.	Obt.	Max.
10+1											
10+2											

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	Marks Obtained	Max. Marks	Percentage
Marks of 10+2 in PCB (Physics, Chemistry & Biology)			
Marks of 10+2 in PCBE (Physics, Chemistry Biology & English)			

15. Residence Status (✓) Punjab State Other State

16. 10+1 and 10+2 from school situated in Punjab (✓) (Yes/No). If from out of Punjab then are covered under exemption (✓) (Yes/No). If covered under exemption then mention the sub clause of clause 4B of Punjab Govt. Notification _____ . Attach copy of exemption certificate as per specimen given in Prospectus
 (Please mention clause No. (if any applicable))

17. Detail of Fee Paid

BANK NAME DRAFT NO. DRAFT DATE
 Amount in figure Amount (in words)

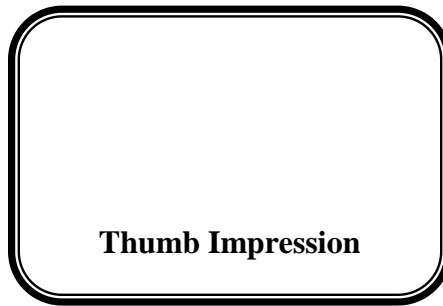
(Please turn over)

18. Undertaking and pledge by the candidate:-

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief and I have not concealed any information in any manner.
- b) I agree to observe and abide by all the rules and regulations of the Institution in which I may be admitted, including those with regard to programme of studies, syllabus, scheme of examination, examination rules and the hostel rules that may be laid from time to time by Baba Farid University of Health Sciences and /or institution during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.
- c) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- e) I certify that I have not passed the qualifying examination from more than one Board/University/any other examining body.
- f) I undertake that if I have been found indulged in ragging in the past or in future, my admission may be refused or I shall be expelled from the institution.
- g) I understand that if at any stage, it is found that I have provided any wrong information to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat or the dues paid to the Institution.

→ Male Left Thumb Impression

→ Female Right Thumb Impression



(_____)
FULL Signature of the Candidate

Date _____

Undertaking by Parent/Guardian

- (a) I certify that my son/daughter/ward Mr./Ms _____ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fee during the stay at Institution. The entries made by him/her in the Admission Form are correct to the best of my knowledge and belief.
- (b) I certify that my son/daughter/ward Mr./Ms. _____ has not passed the qualifying examination from more than one Board/University/any other examining body.

Date:

Signature of Parent/Guardian _____

Name of Parent/Guardian _____

CHECK LIST

(Attach Self Attested Copies Only)

Note: <u>Tick relevant box. Leave box empty if not applicable.</u>	By Candidate	For Office use
1) Matric or equivalent certificate for Date of Birth		
2) Certificate from the Head of the Institute where from passed 10+1 and 10+2 (Form No.1 Annexure-II) Specimen of form available at Page No. 22 of the Prospectus		
3) Detail Marks Card of 10+1		
4) Qualifying Examination Detail Marks Card (10+2)		
5) Character Certificate from Institution last attended		
6) Certificate in support of claim under reserved category as per the specimen given in Prospectus		
7) Punjab Residence Certificate		
8) Undertaking by parents after affixing self attested recent Photograph (that their child have not availed any Residence benefit in any other state), Specimen of form available at page No 37 of the Prospectus		
9) Undertaking by candidate after affixing self attested recent photograph regarding Gap year, if there is Gap after 10+2 examination Specimen of form available at page No. 32 of the Prospectus		
10) Demand Draft drawn in favour of Registrar Baba Farid University of Health Sciences, Faridkot.		

Checked by (Sign) _____

Name (_____)