

Baba Farid University of Health Sciences, Faridkot
Sadiq Road Faridkot – 151203 (Pb) India
Application form
Walk-In-Interview

Advt. No. BFU-23/19

Interview Date 13.10.2023
(Timing 11.00 am)

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 **Research Assistant for ICMR funded project in the Division of Neurology, GGS Medical College, Faridkot**
2. Applicant's Name (IN BLOCK LETTERS)

3. Father's Name (IN BLOCK LETTERS)

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

DAY

MONTH

YEAR

- ii) Age: (as on 01.01.2023)

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. Religion_____8. Marital Status;_____

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

Examination Passed	Subjects	Year of passing	No. of attempts	University/Institution	Status of MCI recognition (attach proof)

Please attach proof of Recognition of degree by NMC/DCI/INC/AICTE and other statutory body, candidate possessing degree not recognized will not be allowed to appear for interview.

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

National

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	To	Total period	Employer's address

13. (a) Central/ NMC/DCI/INC/AICTE and other statutory body with which the applicant is registered (attach proof) _____ :

(b) Registration Number _____ :

14. Permanent Address						15. Correspondence Address					
Pin Code						Pin Code					
Email:						E. Mail					
Mobile No						Mobile No					

16. 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 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 _____

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