

BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT (PUNJAB)

APPLICATION FORM FOR ADMISSION to M.Sc. (Anatomy), M.Sc. (Physiology), M.Sc. (Biochemistry), Session 2020

**To be accompanied by a demand draft of Rs 3000/-
 in favour of "The Registrar, Baba Farid University
 of Health Sciences" payable at "Faridkot"
 Last date to apply & reach the application in University: 04.12.2020(5:00PM)
 Date of Counselling : 08.12.2020 at 11.00AM at BFUHS, Faridkot**

Affix recent self
 signed &
 Attested
 passport size
 colour
 Photograph here

1. Marks obtained in B.Sc. (APB) Max. Obtd.

2. Name (IN BLOCK CAPITALS)

3. Father's Name(IN BLOCK CAPITALS)

4. Mother's Name(IN BLOCK CAPITALS)

5. Category _____

6. Annual income of parents from all sources Rs. _____

7. Sex: Male Female

8. Date of Birth Day Month Year

9. Address for Correspondence _____

 Telephone No. _____ (Fax No., if any) _____

10. Permanent Home Address _____

11. Tick ✓ Residence Status Punjab State Other State

12. Academic Qualifications B.Sc. (Anatomy, Physiology, Biochemistry)

B.Sc. (APB)	Board/University	Roll No.	Year	Subjects	Marks		
					Max.	Obtained	%age
1 st Year							
2 nd Year							
3 rd Year							
Total Marks							

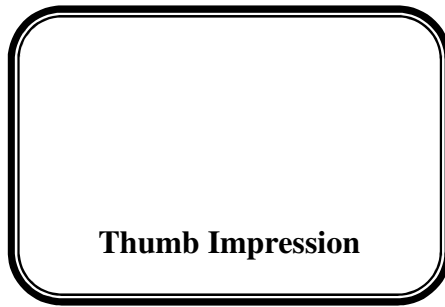
13. Details of fee paid - Amount _____ Demand Draft No. _____ Dated _____
 Bank _____ City/Place _____

14. B.Sc. (APB) from Punjab Outside Punjab

15. 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 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 candidate shall affix their Left Thumb Impression*
- *Female candidate shall affix their Right Thumb Impression*



Signature of the Candidate

Date _____

Undertaking by Parent/Guardian

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.

Date:

Signature of Parent/Guardian
Name of Parent/Guardian _____

CHECKLIST OF ENCLOSURES

(attested copies of following certificates)

Checked by:

	Candidate	University's Official
i) Degree/Certificate from the Head of the Institute where from passed B.Sc. (Anatomy, Physiology, Biochemistry)	<input type="checkbox"/>	<input type="checkbox"/>
ii) Detail Marks Card of B.Sc. (APB) of all years	<input type="checkbox"/>	<input type="checkbox"/>
iii) Character Certificate from Institution last attended	<input type="checkbox"/>	<input type="checkbox"/>
iv) Certificate in support of claim under reserved category	<input type="checkbox"/>	<input type="checkbox"/>
v) Punjab Residence Certificate	<input type="checkbox"/>	<input type="checkbox"/>
vi) Demand Draft of Rs. 3000/- (in original)	<input type="checkbox"/>	<input type="checkbox"/>
vii) Self Undertaking (not availed any Residence benefit in any other state)	<input type="checkbox"/>	<input type="checkbox"/>
viii) Self Undertaking of Gap year (if any)	<input type="checkbox"/>	<input type="checkbox"/>
ix) Matric or equivalent certificate for Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>