BABA FARID UNIVERSITY OF HEALTH SCIENCES

Application Form for Admission to B.Sc. Medical (Para Medical Courses) - Session 2020

 Please tick (√) the appropriate box. Application Form along with requisite fee and documents must reach up to 24.11.2020 by 5.pm at principal Office, GGS Medical College Faridkot. Counselling will be held on 27.11.2020 at 9:30 A.M at Guru Gobind Singh Medical College, Faridkot Application Form fee will be deposited in the shape of Bank Draft of Rs. 3000/-(1500/- for SC candidates) fvg. Registrar Baba Farid University of Health Sciences, Sadiq Road, Faridkot, 1. Category Name Code 1. 2. 								at	Please affix Self attested passport sized photograph here								
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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.

	body.		
f) g)	I undertake that if I have been found indulged in ragging in the past or in furble expelled from the institution. I understand that if at any stage, it is found that I have provided any admission shall stand cancelled automatically and I shall have no claim who institution.	wrong information to	seek admission, my
→	Male Left Thumb Impression Female Right Thumb Impression Thumb Impression	FULL Signature Date	of the Candidate
	Undertaking by Parent/Guardi	an	
(a)	I certify that my son/daughter/ward Mr./Ms_application with my knowledge and consent and that I hold myself responsintenance and any payment of fee during the stay at Institution. The Form are correct to the best of my knowledge and belief.	nsible for his/her good	
(b)	I certify that my son/daughter/ward Mr./Msqualifying examination from more than one Board/University/any other example.		has not passed the
Date:	Signature of Parent/G	uardian	
	Name of Parent/Guard	dian	
			CHECK LIST
	(Attach Self Attested Copies Only) Note: Tick relevant box. Leave box empty if not applicable.	By Candidate	For Office use
4) 54	<u> </u>	by Calluldate	roi Office use
2) Ce	rtificate from the Head of the Institute where from passed 10+1 and +2 (Form No.1 Annexure-II)		
3) Det	ail Marks Card of 10+1		
4) Qu	alifying Examination Detail Marks Card (10+2)		
5) Cha	rracter Certificate from Institution last attended		
-	rtificate in support of claim under reserved category as per the specimen Prospectus		
7) Pur	njab Residence Certificate		
	dertaking by parents after affixing self attested recent Photograph at their child have not availed any Residence benefit in any other state),		
	ertaking by candidate after affixing self attested recent photograph		
	ng Gap year, if there is Gap after 10+2 examination nand Draft drawn in favour of Registrar Baba Farid University of Health		
-	nand Draft drawn in favour of Registrar Baba Farid University of Health is, Faridkot.		
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Checked by (Sign)	
Name ()