

**Baba Farid University of Health Sciences, Faridkot**  
Sadiq Road Faridkot – 151203 (Pb) India  
**Application form**

**Advt.No. 03/15**

**Last Date: 20.04.2015**

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)

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3. Father's Name (IN BLOCK LETTERS)

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4. i) Date of Birth of Applicant (attach proof)     
DAY MONTH YEAR

ii) Age: (as on last date for Receipt of application)     
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; \_\_\_\_\_ Sex \_\_\_\_\_

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

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

**\* Please attach proof of Recognition of MBBS/MD/MS degree by medical Council of India, candidate possessing degree/PG degree not recognized by MCI will not be allowed to appear for interview.**

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

11. Details of prizes, Medals, 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/State Medical Council with which the applicant is registered (attach proof) : \_\_\_\_\_

(b) Medical Registration Number : \_\_\_\_\_

14. Punjabi upto Matric standard (Y/N) \_\_\_\_\_

15. Permanent Address					16. Correspondence Address					
Pin Code										
<b>Email:</b>					<b>E. Mail</b>					

**Mobile No.**

17. 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