

# Baba Farid University of Health Sciences, Faridkot

## Application Proforma for

### “Training of Practical Working in Public Sector Undertakings”

Form No.		Date of Receipt of Form	
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#### Details of the Form Fee

<b>1</b>	University Receipt No	
<b>2</b>	University Receipt Date	
<b>3</b>	Amount of the form	Rs. 50/- only (Rs. Fifty Only)

#### Applicant’s Details

Name:-		Space for recent passport sized color photograph					
Father’s/ Husband’s Name:-							
Mother Name:-							
Date of Birth:-							
Age:-	_____ Years _____ Months _____ Days (as on 1 <sup>st</sup> of Oct. 2016)						
Marital Status :-							
Permanent Address:-							
Correspondence Address:-							
Mobile Number/ Contract No:-							
E-mail id:-							
Category:-							
Educational Qualifications:-	Class/ Course	University/ Board	Year of Passing	Subjects studied	Marks Obtained	Percentage %	Remarks

Working Knowledge of Computers:-	
Work Experience if any	1) _____ 2) _____ 3) _____
Days required for joining of the Training:-	
Other Information:-	

**Declaration:-**

- I. *That I have clearly understood that there will be no EMPLOYER-EMPLOYEE Relationship between the University and the Trainee. It is a Training for understanding the practical working in a Public Sector Undertaking. The University will pay the Stipend, as per the rules of the University, only for the actual training days attended by me.*
- II. *That I will not claim any employment and other benefits from the University in future, against this training.*
- III. *That the stipend paid by the University is as per the Norms of the BFUHS, Faridkot and no other benefit/ enhanced stipend based on any other rate of stipend paid by any other organization/ institution will be claimed by me.*
- IV. *That the University reserves the right to discontinue my training, at any time, due to administrative reasons without assigning any reasons/ prior notice.*
- V. *The above said information is true and correct to the best of my knowledge.*

Signatures:- \_\_\_\_\_

Photograph

**Declaration-cum- Undertaking**

I, Mr./Ms./Mrs./Dr. \_\_\_\_\_ S/D/W/o Sh.

\_\_\_\_\_ Resident of \_\_\_\_\_

\_\_\_\_\_ hereby declare and undertake the

following:-

- I. That I have applied at the Baba Farid University of Health Sciences, Faridkot for the training of Practical Working in Public Sector Undertakings.
- II. That I have clearly understood that this is only a practical training programme and **there will be no EMPLOYER and EMPLOYEE relationship between me and the University/ any of the constituent college of the University.**
- III. That I will not claim for any type of employment from the University after completion of the Practical Training.
- IV. That I will be paid Stipend by the University for the actual days for which I have attended the training. It is also clearly understood by me, that in case the training is not conducted due to Saturdays/ Sundays/ Govt. Holidays etc. then no stipend will be paid by the University for such days.
- V. *That the stipend paid by the University is as per the Norms of the BFUHS, Faridkot and no other benefit/ enhanced stipend based on any other rate of stipend paid by any other organization/ institution will be claimed by me.*
- VI. That I will follow all terms and conditions of the University.
- VII. That the University will have right to terminate my training, at any time, without assigning any reason/ prior notice to me.

Date:- \_\_\_\_\_

Signatures :- \_\_\_\_\_

Place:- \_\_\_\_\_

Name :- \_\_\_\_\_

**Witness 01**

**Witness 02**

Signatures :- \_\_\_\_\_

Signatures :- \_\_\_\_\_

Name :- \_\_\_\_\_

Name :- \_\_\_\_\_

Address:- \_\_\_\_\_

Address:- \_\_\_\_\_

Phone No:- \_\_\_\_\_

Phone No:- \_\_\_\_\_

(Witness 01 must be any of the following:- Sarpanch/ M.C )