

BABA FARID UNIVERSITY OF HEALTH SCIENCES

Common Admission Application Form for B.Sc. courses

Session 2018

FOR OFFICE USE ONLY

Dy. No _____

Dated _____

- Please read Prospectus carefully before filling this form
- Form Must be filled in BLOCK Letters only.
- Please tick (√) the appropriate box.
- To reach the Registrar BFUHS, Faridkot by **31-07-2018** along with a Demand Draft of Rs.3000/-(1500/- for SC candidates) in favour of "Registrar, Baba Farid University of Health Sciences, Payable at Faridkot. The date of Counselling shall be put on University website.

B.Sc. Courses: Bachelor of Audiology & Speech Language Pathology, Optometry, Medical Radiography & Imaging Technology, Radiotherapy Technology, Orthopedic Assistant & Plaster Techniques, Operation Theatre Technology, Dialysis Techniques, Anaesthesia Technology, Emergency Responder, Intensive Care Unit Technology.

Filled in BLOCK Letters only

Please affix Attested passport sized photograph here

1. Category applied under :.....
(General, SC, BC, Handicapped, etc)

2. Name

3. Father's Name

4. Mother's Name

5. Date of Birth: 6. Sex (√) Male Female

7. Correspondence Address Pin Code

8. Permanent Address..... Pin Code

Tele No.....Mobile Ph. No.E-Mail.....

09. Annual Income of Parents from all sources:

10. Aadhar No. 11. Belongs to(√) Urban Rural Area

12. Name of School/College & State from where passed Qualifying Exam i.e.10+2:

13.

	Max. Marks	Marks Obtained	Percentage
Marks of 10+2 in PCB (Physics, Chemistry & Biology)			
Marks of 10+2 in PCBE (Physics, Chemistry Biology & English)			

14. Detail of Marks in Qualifying Exam:

Examination	Board/University	Roll No.	Year	Physics		Chem.		Biology		English	
				Obt	Max.	Obt	Max.	Obt	Max.	Obt	Max.
10+1											
10+2											

15. Residence Status (√) Punjab State Other State

16. **Detail of Fee Paid**

BANK DRAFT NO.....in favour of Registrar Baba Farid University of Health Sciences, Payable at Faridkot Date of issue..... Name/Branch.....
Amount (√) (Rs. 3000 / Rs. 1500 for SC candidates).

(Please turn over)

17. 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.
- f) I undertake that if I have been found indulged in ragging in the past or in future, my admission may be refused or I shall be expelled from the institution.
- g) 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.

→		(_____) Signature of the Candidate Date _____
→	Male Left Thumb Impression	
→	Female Right Thumb Impression	

Undertaking by Parent/Guardian

- (a)** 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.
- (b)** I certify that my son/daughter/ward Mr./Ms. _____ has not passed the qualifying examination from more than one Board/University/any other examining body.

Date: _____ Signature of Parent/Guardian _____
 Name of Parent/Guardian _____

CHECK LIST

(Attach Self Attested Copies Only)

Note: (√)Tick relevant box. Leave box empty if not applicable.	By Candidate	For Office use
1) Matric or equivalent certificate for Date of Birth		
2) Detail Marks Card of 10+1		
3) Qualifying Examination Detail Marks Card (10+2)		
4) Character Certificate from Institution last attended		
5) Sworn Declaration From The Parent/Guardian		
6) Certificate in support of claim under Reserved category		
7) Punjab Residence Certificate		
8) Demand Draft of Rs. 3000/- (1500/- for SC candidates) in original		

Checked by (Sign) _____

Name (_____)