

**BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT (PUNJAB)**

**APPLICATION FORM FOR ADMISSION to M.Sc. (Anatomy), M.Sc. (Physiology), M.Sc. (Biochemistry), Session 2021**

**To be accompanied by a demand draft of Rs 3540/-(SC-1770/-) including 18% GST in favour of "The Registrar, Baba Farid University of Health Sciences" payable at "Faridkot"  
**Last date to apply & reach the application in University: 22.10.2021(5:00PM)  
 Date of Counselling : 27.10.2021 at 11.00AM at Senate Hall,BFUHS, Faridkot****

Affix recent self signed & Attested passport size colour Photograph here

1. Name (IN BLOCK CAPITALS)

2. Father's Name(IN BLOCK CAPITALS)

3. Mother's Name(IN BLOCK CAPITALS)

4. Category \_\_\_\_\_

5. Annual income of parents from all sources Rs. \_\_\_\_\_

6. Sex: Male  Female

7. Date of Birth Day   Month   Year

8. Address for Correspondence \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ (Fax No., if any) \_\_\_\_\_

9. Permanent Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Tick  Residence Status Punjab State  Other State

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

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

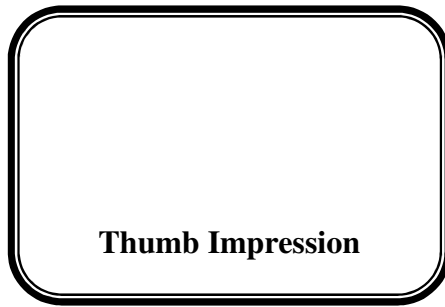
12. Details of fee paid - Amount \_\_\_\_\_ Demand Draft No. \_\_\_\_\_ Dated \_\_\_\_\_  
 Bank \_\_\_\_\_ City/Place \_\_\_\_\_

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

14. 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:**

	<b>Candidate</b>	<b>University's Official</b>
i) Matric or equivalent certificate for Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>
ii) Degree/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 Resident Certificate	<input type="checkbox"/>	<input type="checkbox"/>
vi) Demand Draft (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"/>