Tel.: 01639-256232, 256236, <u>E-mail:generalinfo@bfuhs.ac.in</u> Fax: 01639-256234

Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India Application form Walk-In-Interview

Advt. No. 09 of 2023

Interview Date 15.09.2023

| Details of Application fee DD No. Date and Amount | | | Affix Atteste Passport size Photograph | |
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| Note: 1. Incomplete application | s are liable to be r | ejected. | | |
| 1. Application for the post of _ | | Specialty | | |
| 2. Applicant's Name (IN BLOC | CK LETTERS) | | | |
| | | | | |
| 3. Father's Name (IN BLOCK) | LETTERS) | | | |
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| 4. i) Date of Birth of Applic (attach proof) ii) Age: (as on 01.01.2023 5. Write in the box ONLY ONE To which you belong (attach 6. Nationality: | E category out of SO proof if SC/ST/BC Religion | 2): 8. Marital Sta | MONTHS I | YEAR DAYS |
| Examination Subjects Passed M.B.B.S. | Year of passing | No. of attempts | University/Institution | Status of MCI recognition (attach proof) |
| M.B.B.S. M.D./M.S/MDS. | | | | |
| DM/M.Ch | | | | |
| Please attach proof of Recognit not recognized by NMC will no 10. No. of papers published: | | pear for interview. | | possessing degree |

| | D4 11.1 | F | certificate): | | | Total period | | | Employer's address | | | | |
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| (b) | Medical/Dent | al Registrati | ion Numbe | er | : | | | | | | | | |
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| 16. | Details of en | closures atta | ached: 1_ | | | | 2_ | | | 3 | | | |
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11. Details of prizes, Medlas, Scholarships & National/ International Awards and Additional Qualification such as membership of scientific

society etc.