

**Baba Farid University of Health Sciences, Faridkot**

Sadiq Road Faridkot – 151203 (Pb) India

**Application form**

**Advt.No. 05/19**

**Last Date: 04.09.2019**

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) as per academic record

3. Father's Name (IN BLOCK LETTERS) as per academic record

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. Category \_\_\_\_\_ Sub Category \_\_\_\_\_ (attach proof)

6. Nationality: \_\_\_\_\_ 7. Religion \_\_\_\_\_ 8. Marital Status; \_\_\_\_\_ 9. Sex \_\_\_\_\_

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

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

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

**Please use separate sheet**

S.No.	Name of research article	Author 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup>	Name of Journal	Index/ Non index	Date of publication/ accepted	Pblication/review article/case report

12. Details of prizes, Medlas, Scholarships & National/ International Awards and Additional Qualification such as membership of scientific society etc.

13. Chronological details of upto date appointments after obtaining qualification (attach experience certificate):

Post held	From	To	Total period	Date of PG recognition in concerned subject*	Employer's address

\*This information is available on the MCI website on "College and Course Search" under "Information Desk" DNB Candidates must attach proof of institution recognition from NBE.

14. (a) Central/State Medical/Nursing Council with which the applicant is registered (attach proof) : \_\_\_\_\_

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

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

16. Permanent Address						17. Correspondence Address					
Pin Code						Pin Code					
E-mail:						E-mail					
Mobile No-						Mobile No-					

18. 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 event 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