

Guru Gobind Singh Medical College, Faridkot
Baba Farid University of Health Sciences, Faridkot
 Tel.: 01639-256232, 256236, E-mail: generalinfo@bfuhs.ac.in Fax: 01639-256234
 Sadiq Road Faridkot – 151203 (Pb) India
 Application Form

Last Date: 28/12/2020

Details of Application fee
 Receipt No. and Amount

Affix Attested
 Passport size
 Photograph

Note: 1. **Incomplete applications are liable to be rejected.**

1. Application for the post of _____

2. Applicant's Name (IN BLOCK LETTERS)

3. Father's Name (IN BLOCK LETTERS)

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. Write in the box ONLY ONE category out of SC/ST/BC/GEN
 To which you belong (attach proof if SC/ST/BC):

6. Nationality: _____ 7. Religion _____ 8. Marital Status; _____ Sex (M/F) _____

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

Examination Passed	Percentage	Year of passing	No. of attempts	University/Institution	

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

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

Post held	From	To	Total period	Employer's address

12. (a) Punjabi up to Matric standard (yes/no) : _____

13. Permanent Address					14. Correspondence Address				
Pin Code					Pin Code				
Ph. No. E. Mail					Ph. No. E. Mail				

15 Details of enclosures attached: 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____

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 even 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)

No. _____ 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