

**Baba Farid University of Health Sciences, Faridkot**  
Sadiq Road Faridkot – 151203 (Pb) India

Tel.: 01639-256232, 256236, E-mail: [recruitmentbfuhs@gmail.com](mailto:recruitmentbfuhs@gmail.com)

**Application form**

**Advt. No. BFU-24/09**

**Walk-In-Interview dated 22/03/2024**  
**Venue- Committee Room, BFUHS, Faridkot**

Details of Application fee

DD No. Date and Amount

Affix Attested  
Passport size  
Photograph

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

1. Application for the post of \_\_\_\_\_

2. Applicant's Name (IN BLOCK LETTERS) as per academic record

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

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4. i) Date of Birth of Applicant  
(attach proof)

DAY	

MONTH	

YEAR	

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

Post held	From	To	Total period	Total period	Employer's address

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

13. Address:-

Permanent Address					Correspondence Address									
Pin Code										Pin Code				
E-mail:					E-mail									
Mobile No-					Mobile No-									

14. 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.

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