

Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

Application form

Advt.No. 09/19

Last Date:15.01.2020

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 st /2 nd /3 rd	Name of Journal	Index/ Non index	Date of publication/ accepted	Pblication/review article/case report

12. Details of prizes, Medals, 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