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

Baba Farid University of Health Sciences, Faridkot

Sadiq Road Faridkot – 151203 (Pb) India

Application form

Walk-In-Interview

Advt. No 11/2021	nterview Date- <u>23.07.2021</u>		
Details of Application DD No. Date and Amo			Affix Attested Passport size Photograph
Note: 1. Incomple	te applications are liable to be r	rejected.	
1. Application for	or the post of	Specialty	
2. Applicant's N	ame (IN BLOCK LETTERS)		
3. Father's Name	e (IN BLOCK LETTERS)		
(attach j	Birth of Applicant proof) on last date for		MONTH YEAR
	of application)	YEARS N	MONTHS DAYS
	ox ONLY ONE category out of S belong (attach proof if SC/ST/BC		
6. Nationality:	7. Religion	8. Marital Status;	

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

Examination Passed	Subjects	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 Recognition of degree by National Medical Commission, candidate possessing degree not recognized by NMC will not be allowed to appear for interview.

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

International

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

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

Post held	From	То	Total period	Employer's address

- 13. (a) Central/State Medical Council with which the applicant is registered (attach proof)
 - (b) Medical/Dental Registration Number

14. Permanent Address					15. Correspondence Address							
Pin C	Code]	Pin Code					
Email:						E. Mail						
Mobile No						Mobile No						

:

:

16.	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 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)

N o._____Date_____

Signature of the employer with Office Stamp & date