

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

Details of Application fee  
DD No. Date and Amount

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Affix Attested Passport size Photograph
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Note: 1. **Incomplete applications are liable to be rejected.**

1. Application for the post of \_\_\_\_\_ in \_\_\_\_\_ **Department of .**  
(Subject/Specialty)  
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
- ii) Age: (as on 01.05.2022) YEARS MONTHS DAYS

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

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

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

Sr. 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	Publication/ 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 NMC 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					
<b>E-mail:</b>						<b>E-mail</b>					
<b>Mobile No-</b>						<b>Mobile No-</b>					

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