Tel.: 01639-256232, 256236, <u>E-mail:generalinfo@bfuhs.ac.in</u> Fax: 01639-256234 **Baba Farid University of Health Sciences, Faridkot** Sadiq Road Faridkot – 151203 (Pb) India <u>Application Form</u>

Advt.No. 15/2013									Last date : 05.12.2013							
Details of Application fee DD No. Date and Amount Note: 1. Incomplete applications are liable to be rejected.									Affix recent Passport size Photograph							
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2.	Applicant'	s Name (IN]	BLOCK	LET	TERS	S)										
3.	Father's Na	ame (IN BLC	OCK LE	TTEI	RS)											
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6.	Nationality	·	7. Re	ligio	n			8. N	Aarita	ıl Stat	us;					
9.	Sex (M/F)															

10. Educational/Academic Qualification: (attach attested copies DMC & Degree certificates)

Examination Passed	Year of passing	Max. marks	Marks obtained	%	University/Institution

11. No. of papers published : National

International

- 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	То	Total period	Employer's address	Pay

14. Whether passed Punjabi up to Matriculation ------ (Y/N) attach copy of proof.

15. Permane	nt Address	16. Correspondence Address										
	Pin Code					Pin						
Ph. No.					Ph. No.							

E-mail:

17..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 bets 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