

Roll No.....
(To be assigned by the University)

BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

ADMISSION FORM FOR MASTER OF SURGERY (M.S.)/DOCTOR OF MEDICINE (M.D.)/MASTER OF CHIRURGERY (M.Ch.)DOCTOR OF MEDICINE(D.M)/ MASTER OF DENTAL SCIENCES (M.D.S.) EXAMINATION _____,20_____

Last date for receipt of Admission Form and Fee: Please see Page 2.

PARTICULARS TO BE FILLED IN NEATLY AND LEGIBLY BY THE CANDIDATE IN HIS/HER OWN HAND

| | | | | | | | |
|---|--------------|------------------|-------------------|---|----------------------------------|---|--|
| 1. (a) Specialty in which to be examined | | | | 2. Center of Examination | | | |
| (b) Subject of Thesis | | | | | | Affix recent passport size (Black & white Photograph) | |
| (c) Date of Submission of thesis | | | | | | | |
| (d) Whether your thesis has been accepted? If yes, State: Letter No. Date Name of the University | | | | | | | |
| 3. Name (in BLOCK letters) | | | | | | | |
| 4. Regd. No. | 5. Man/Woman | 6. Date of Birth | 7. Marital Status | UNATTESTED | | | |
| 8. Father's Name (in Block Letter) | | | | | | | |
| 9. Mother's Name (in Block Letter) | | | | | | | |
| 10. Annual Family Income | | | | 11. Do you belong to SC/ST/BC if yes, mention category | | | |
| 12. Permanent Home Address (in BLOCK letters) | | | | | | 13. Domicile | |
| Phone No. | | PIN | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| 14. Address for correspondence (in BLOCK letters) | | | | | | | |
| Phone No. | | PIN | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| 15. Titles of the Papers | | | | | | | |
| (I) | | | | (II) | | | |
| (III) | | | | (IV) | | | |
| 16. For Fresh Candidates | | | | | | | |
| Exam Passed | Month | Year | Roll No. | University | Date of Completion of Internship | | |
| M.B.B.S. Final | | | | | | | |
| 17. FOR FAILED CANDIDATES | | | | | | | |
| | | Month | Year | Roll No. | | | |
| Appeared for the First time | | | | | | | |
| Appeared for the Last time | | | | | | | |
| 18. Have you ever been disqualified from appearing in any examination or any case of unfair means is pending against you in any University/Board? if so, give details | | | | | | | |
| Examination | Roll No. | Month | Year | Period of Disqualification | University/Board | | |
| | | | | | | | |

19. I solemnly declare that the particulars in by me above are correct to the best of my knowledge and belief and if any discrepancy is found at any stage, I shall be responsible for the consequences.

CERTIFICATE

Certified that the candidate:

Affix recent
ATTESTED
Photograph

- (i) has passed at least two years previously the Bachelor of Medicine and Bachelor of Surgery (MBBS)/Bachelor of Dental Surgery (BDS) examination from _____ University _____ the MBBS/BDS degree of which is recognized by the Medical Dental Council of India.
- (ii) has completed, after admission to the course as a full time postgraduate student, training for a period of not less than three years in this college/Institute now affiliated to the Baba Farid University of Health Sciences, to the entire satisfaction of the Head of Department.
- (iii) (*for Master of Chirurgery Candidate*) has passed at least two academic years previously the Master of Surgery (M.S.) examination from _____ University, _____ which is recognized by the Medical Council of India of F.R.C.S. from the Royal College of Surgeons of London/Edinburgh has thereafter received training for two years in the institution which is approved by the Medical Council of India in the field in which the candidate wishes to qualify;

(*for Doctor of Medicine Candidate (D.M)*) has passed at least two academic years previously the Doctor of Medicine (M.D.) examination from _____ University, _____ which is recognized by the Medical Council of India of MRCP has thereafter received training for two years in the institution which is approved by the Medical Council of India in the field in which the candidate wishes to qualify

(Please strike out if not applicable)

- (iv) is medically fit and bears a good moral Character;
- (v) the statements made by the candidate in the application from are correct and he/she fulfils all the conditions laid down in the Ordinances/Regulations in force to appear in the examination; and
- (vi) that he/she has filled in this form and has signed it in my presence.

Further certified that this college is recognized by the Medical/Dental Council of India for imparting instructions for MD/MS/MCh/MDS in the subject in which the candidate wishes to qualify.

Date: _____

Principal
(Signature and Stamp)

LAST DATE FOR SUBMISSION OF FORM AND FEE

| Session | Without Late fee | With Late fee of Rs 200/- | With late fee of Rs.500/- | With late fee of Rs.1500/- |
|----------|----------------------------|------------------------------|------------------------------|-------------------------------|
| May/June | 1 st March | 15 th March | 31 st March | 15 th April |
| Nov/Dec | 15 th September | 30 th September | 15 th October | 31 st October |

- Note:1.**The University may accept examination form and fee ten days before the commencement of examination with the permission of the Worthy Vice-Chancellor and a late fee of Rs.2000/-
- 2.** In case of late declaration of result due to any reason, the examination form shall be accepted within 15 days of the publication of the result without charging any late/extra fee. Otherwise late fee shall be applicable as per current schedule(Mentioned above)
- 3.** The Bank demand draft on account of fee should be in favour of the Registrar, BFUHS payable at Faridkot.