

Corrigendum

In reference to the advertisement no. 03/2025 - Walk-In-Interview (dated 06.02.2025) to fill up the various posts. (on tenure basis); the following amendments are made due to administrative reasons:-

Sr no.	Post added	Post Withdrawn
1	<p style="text-align: center;">Assistant Professor (Nuclear Physics) – 01 (UR-01)</p> <p><u>Qualification:-</u></p> <ol style="list-style-type: none">1) Good academic record as defined by the University with at least 55% marks (50% for SC/ST/Physically & visually handicapped) or an equivalent grade in a point scale wherever grading system is followed as the Master's degree level in Medical Physics / Physics (M.Sc. degree in Physics with specialization in nuclear Physics or Radiation Physics) from an Indian University or an equivalent degree from an accredited foreign University.2) Besides fulfilling the above qualification, the candidate should have either cleared the National Eligibility Test (NET) conducted by the UGC, CSIR or should have obtained Ph.D Degree in the Nuclear Physics.3) NET shall not be required for such disciplines for which NET is not conducted.	—
2	<p style="text-align: center;">Assistant Professor (Peadiatrics) – 03 (UR-01, SC (M/B)-01, SC (R/O)-01)</p> <p><u>Qualification as per NMC</u></p>	—
3	—	Medical Physicist

Upper Age limit: As calculated as on 1st January of 2025.

Assistant Professor:- The candidate should not be more than 40 years of age in the case of Assistant Professor. Relaxation in upper age limit as per Punjab Govt. Rules.

Remaining terms and Conditions will remain same as per the advt.No.03/2025

Registrar

Baba Farid University of Health Sciences, Faridkot
Sadiq Road Faridkot – 151203 (Pb) India
Application form
Walk-In-Interview

Advt. No. 03 of 2025

Details of Application fee
DD No. Date and Amount

Interview Date 06.02.2025

Affix Attested
Passport size
Photograph

Note: 1. **Incomplete applications are liable to be rejected.**

1. Application for the post of _____ Specialty _____

2. Applicant's Name (IN BLOCK LETTERS)

3. Father's Name (IN BLOCK LETTERS)

4. i) Date of Birth of Applicant
(attach proof)

DAY
MONTH
YEAR

ii) Age: (as on 01.01.2025)

YEARS
MONTHS
DAYS

5. Write in the box ONLY ONE category out of SC/ST/BC/GEN
To which you 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 :
(please attach proof)

National

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	To	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 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 _____

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