

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

**Advt. No. 04 of 2025**

**Interview Date 10.02.2025**

Details of Application fee  
DD No. Date and Amount

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) |
|--------------------|----------|-----------------|-----------------|------------------------|--|
| UG                 |          |                 |                 |                        |  |
| PG                 |          |                 |                 |                        |  |
| Ph. D              |          |                 |                 |                        |  |
|                    |          |                 |                 |                        |  |

**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