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 Application form Walk-In-Interview

Advt. No. BFU-25/04

Interview Date 14.02.2025

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Note: 1. Incomplete applications are liable to be rejected.																						
	1. Application for the post ofSpecialty																					
2. Applicant's Name (IN BLOCK LETTERS)																						
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3. Father's Name (IN BLOCK LETTERS)																						
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4. i) Date of Birth of Applicant DAY MONTH YE											YE.	AR]									
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. Religion8. Marital Status;																					
	9.	Educ	ation	al/Ac	adem	ic Qu	ıalific	ation	ı: (atta	ach at	teste	d copi	es ce	rtifica	ates)							
Examination Passed			Subjects			Y	Year of passing			No	No. of attempts			University/Institution					Status of MCI recognition (attach proof)			
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: National International									ee													
(please attach proof)																						

11. Details of prizes, Medals, 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 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 E. Mail Email: Mobile No Mobile No 16. Details of enclosures attached: 1 ______ 2 ____ 3_____ _____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.