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. 01 of 2025 Details of Application fee				<u>Interview I</u>	Interview Date 14.01.2025			
DD No. Date and				Passport	Affix Attested Passport size Photograph			
Note: 1. Inco	mplete application	s are liable to be r	ejected.					
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 DAY MONTH YEAR ii) Age: (as on 01.01.2025)					YEAR			
, 8		,	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. 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.								
	apers published :	National	Iı	nternational				

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	То	Total period	d	Employer's address			
13. (a)	Central/State N applicant is re			nich the					
(b)) Medical/Denta	l Registratio	n Number	:			-		
14. I	14. Permanent Address			15. Corr	espondence Address				
		n Code				Pin Code			
Em Mobi	ail: le No				E. Mail Mobile N	0			
	10 110				TVIODILE IV	0			
16	. Details of end	closures attac	ched: 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:		_ 			Signatu	re of the a	applicai	nt
CERTIFICATE BY THE PRESENT EMPLOYER (In case of candidate who is already in service) NoDate									
Forwarded with the remarks that here is no objection to the selection/appointment of Drto the post applied for at BFUHS, Faridkot.									

Signature of the employer with Office Stamp & date