Baba Farid University of Health Sciences, Faridkot Sadiq Road Faridkot – 151203 (Pb) India



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Web: www.bfuhs.ac.in E-mail:generalinfo@bfuhs.ac.in

Advertisement No. 05/2011	Last D	ate of A	.pplic	ation	Forr	n is:	07.1	0.201	1
Diary No. :						Pass	-	size	
Date of Receipt :						Phot	ograp	oh	
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Particulars of Application Fee:									
Name of the Bank Date of Dem Draft	and	Bank Draft No			Ar	Amount of Draft			
01. Name of the Applicant (IN BLC	OCK LE	ETTERS)		ı	ı			
02. Father's Name (IN BLOCK LE	TTERS	S)							
03. Mother's Name (IN BLOCK LE	ETTER	S)							
04. Date of Birth of the Applicant	0	5. Age o	f the /	Applica	ant a	s on (07.10	0.201	1_
DAY MONTH YEAR		DAY		MON	ΙH		YEA	ΛH	
06. Place of Birth		0	7. Na	tionali	ty:				-
08. Marital Status		0	9. Ca	tegory	' :				_
10. Educational/Academic Qualific	cation:	(attach S	Self at	testec	d cop	ies ce	ertific	ates)	
Examination Year of Marks	Ohtain	ed / Di	visio	n %	of	Sub	iect	s Un	iversit

Examination Passed	Year of Passing	Marks Obtained / Maximum Marks	Division	% of Marks	Subjects	University/ Institution

11. Detail of I	From	То		Total Period	Employer's address					
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are true, com the even of a be terminated	nplete and corre any information d without any re	ect to the best being found eason or price	st of my false or or notice	knowledge and r incorrect, my a e. I also understa	nts made in this application belief. I understand that in ppointment will be liable that in case of my find that in case of my find pry police verification.					
Date: Place:					Signature of the applican					
	(In cas	se of candida	ate who	RESENT EMPLO is already in ser ate	vice)					
Forwarded w	ith the remarks		•	ction to the selection applied for at BF	ction/appointment of FUHS, Faridkot.					

Signature of the employer with Office Stamp & date