BABA FARID UNIVERSITY OF HEALTH SCIENCES

Common Admission Application Form for B.Sc. courses Session 2015

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•	Please read	Prospectus	carefully	perore	mining u	118 101 111

- Form Must be filled in BLOCK Letters only.
- Please tick ($\sqrt{}$) the appropriate box.

Filled in BLOCK Letters only

 To reach the Registrar BFUHS, Faridkot by 14-08-2015 Alongwith a Demand Draft of Rs.3000/-(1500/- for SC candidates) in favour of "Registrar, Baba Farid University of Health Sciences, Payable at Faridkot. Counselling will be held on 19-08-14 at GGS Medical College, Faridkot

B.Sc. Courses: Ophthalmic Techniques, Medical Radiography & Imaging Technology, Radiotherapy, Orthopedic Assistant & Plaster Techniques, Operation Theatre Technology, Dialysis Technician, Anesthesia Technology, Emergency Responder, Intensive Care Unit Technology, Bachelor of Audiology & Speech Language Pathology.

FOR OFFICE USE ONLY
Dy. No
Dated

Please affix Attested passport sized photograph here

1.	Category applied under:

	Category applied un neral, SC, BC, Hand																				
2.	Name																				
3.	Father's Name																				
4.	Mother's Name																				
5. 7.	Date of Birth:	D e Ado	dres) M		M	Y	Y						-	/) M			Fem			
8.	Permanent Address Pin Code Pin Code																				
09.	Tele/Fax NoMobile Ph. NoE-Mail Annual Income of Parents from all sources:																				
10.	0. 10. Aadhaar No																				
12.	12. Name of School/College & State from where passed Qualifying Exam i.e.10+2:																				
13.						•••••															
								N	Иах. I	Mark	s l	Mark	s Obt	aine	d	Per	centag	ge			
Mar	ks of 10+2 in PCB (I	Physi	cs, C	hemis	try &	a Bio	ology	·)													
Mar	ks of 10+2 in PCBE	(Phys	sics,	Chem	istry	Bio	logy	& Eng	glish)												

14. Detail of Marks in Qualifying Exam:

	mo m quamymg Zmm			Phy	sics	Che	em.	Biol	ogy	Eng	lish
Examination	Board/University	Roll No.	Year	Obt.	Мах.	Obt.	Мах.	Obt.	Мах.	Obt.	Мах.
10+1											
10+2											

15.	Residence Status ($\sqrt{\ }$) Punjab State	Other State	

16. **Detail of Fee Paid**

BANK DRAFT NO	in favour of Registrar Baba Farid University of Health
Sciences, Payable at Faridkot Date of issue	Name/Branch
Amount ($\sqrt{\ }$) (Rs. 3000 / Rs. 1500).	

(Please turn over)

17. Undertaking and pledge by the candidate:-

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief and I have not concealed any information in any manner.
- b) I agree to observe and abide by all the rules and regulations of the Institution in which I may be admitted, including those with regard to programme of studies, syllabus, scheme of examination, examination rules and the hostel rules that may be laid from time to time by Baba Farid University of Health Sciences and /or institution during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.
- c) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- e) I certify that I have not passed the qualifying examination from more than one Board/University/any other examining body.
- f) I undertake that if I have been found indulged in ragging in the past or in future, my admission may be refused or I shall be expelled from the institution.
- g) I understand that if at any stage, it is found that I have provided any wrong information to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat or the dues paid to the Institution.

	the seat of the dues paid to the institution.	
→ Male	Left Thumb Impression Female Right Thumb Impression	() Signature of the Candidate Date
	Undertaking by Pa	rent/Guardian
(a)		self responsible for his/her good conduct and his/her y at Institution. The entries made by him/her in the
(b)	I certify that my son/daughter/ward Mr./Msexamination from more than one Board/University/ang	
Date:	Sign	ature of Parent/Guardian
	Nam	e of Parent/Guardian
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CHECK LIST

(Attach Self Attested Copies Only)

	Note: $()$ Tick relevant box. Leave box empty if not applicable.	By Candidate	For Office use			
1)	Matric or equivalent certificate for Date of Birth					
2)	2) Detail Marks Card of 10+1					
3)	Qualifying Examination Detail Marks Card (10+2)					
4)	Character Certificate from Institution last attended					
5) Sworn Declaration From The Parent/Guardian						
6)	Certificate in support of claim under reserved category					
7)	Punjab Residence Certificate					
8)	Demand Draft of Rs. 3000/- (1500/- for SC candidates) in original					

Checked by (Sign) _	
Name (

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