# Advanced Cancer Institute, Bathinda (BFUHS)

## (Admission Branch)

## Advanced Cancer Institute, Bathinda.

### Admission Notice- B.Sc Allied and Health Sciences Courses-2026

Walk in physical Counseling (College level) for admission to left over seats of B.Sc Allied and Health Sciences Courses, session 2026 will be held on **30/10/2026 (11:00 AM)** at Director Office, Advanced Cancer Institute, Bathinda. Interested candidates may appear for the counseling and must bring their original certificates/documents along with counseling fee sum of Rs.1000/- on the day of counseling. Application form (Performa) and list of required documents available on the University website will be accepted on **30/10/2026 (up to 10:00 AM).** The selected candidates will pay the tuition fee and HSLIBNET fee through University online portal as published in the Prospectus of BFUHS. For eligibility, other terms & conditions are as per BFUHS rules and for reference, visit University website (www.bfuhs.ac.in) In case of any query please contact 90236-12082.

| Sr No | Name of Course | Vacant Seat | Gen | SC | BC | Handicapped |
|---|---|---|---|---|---|---|
| 1 | B.Sc (Medical Radiology & Imaging Technology) | 01 | ---- | 01 | ---- | ---- |
| 2 | B.Sc (Intensive Care Unit Techniques) | 04 | 01 | 01 | 01 | 01 |
| 3 | B.Sc (Anaesthesia & Operation Theatre Technology) | 02 | 02 | ---- | ---- | ---- |
| 4 | B.Sc (Radiation Therapy Technology) | 02 | 02 | ---- | ---- | ---- |

Director

# BABA FARID UNIVERSITY OF HEALTH SCIENCES

## Common Admission Application Form for Admission of B.Sc Allied & Health Sciences Courses – (Session 2026)

- Please read Prospectus carefully before filling this form:-
- Must be filled in BLOCK Letters only.
- Please tick ( √ ) the appropriate box.
- **Counselling will be held on 30/10/2026 at 10:00 A.M in Director Office, Advanced Cancer Institute(BFUHS) Bathinda.**
- Application Form fee will be deposited on the spot of Walk In Counseling. Application/Counseling fee of **Rs. 4540/-** and **2770/- for SC candidates Including GST** in favour of **Registrar Baba Farid University of Health Sciences, Sadiq Road, Faridkot.**

**Please affix Self attested passport sized photograph here**

1.

| Category Name | Code |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

*Filled in BLOCK Letters only*

2. Name

3. Father's Name

4. Mother's Name

5. Date of Birth: D D M M Y Y  6. Sex ( √ ) Male ☐ Female ☐  7. Aadhaar No: _____

8. Correspondence Address _____

_____ Pin Code

9. Permanent Address _____

_____ Pin Code

Tele/Fax No._____ Mobile Ph. No. _____ E-Mail id:_____

10. Annual Income of Parents from all sources: (Rs.) ☐  11. Belongs to( √ ) Urban ☐ Rural Area ☐

12. Name of School/College & State from where passed Qualifying Exam i.e.10+2: _____

_____

13. Detail of Marks in Qualifying Exam:

| Examination | Board/University | Roll No. | Year | Physics | | Chem. | | Biology | | English | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Obt. | Max. | Obt. | Max. | Obt. | Max. | Obt. | Max. |
| 10+1 | | | | | | | | | | | |
| 10+2 | | | | | | | | | | | |

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| | Marks Obtained | Max. Marks | Percentage |
|---|---|---|---|
| **Marks of 10+2 in PCB** (Physics, Chemistry & Biology) | | | |
| **Marks of 10+2 in PCBE** (Physics, Chemistry Biology & English | | | |

15. Residence Status ( √ ) Punjab State ☐ Other State ☐

16. 10+1 and 10+2 from school situated in Punjab ( √ ) (Yes/No). If from out of Punjab then are covered under exemption ( √ ) (Yes/No). If covered under exemption then mention the sub clause of clause 4B of Punjab Govt. Notification _____. Attach copy of exemption certificate as per specimen given in Prospectus

(Please mention clause No. (if any applicable)

17. Detail of Fee Paid

BANK NAME . .....DRAFT NO. ..... DRAFT DATE .....

Amount in figure..... Amount (in words) .....

*(Please turn on*

**18. 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.

→ *Male Left Thumb Impression*

→ *Female Right Thumb Impression*

**Thumb Impression**

( _____ )
**FULL Signature of the Candidate**

**Date**_____

## Undertaking by Parent/Guardian

**(c)** I certify that my son/daughter/ward Mr./Ms_____ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fee during the stay at Institution. The entries made by him/her in the Admission Form are correct to the best of my knowledge and belief.

**(d)** I certify that my son/daughter/ward Mr./Ms. _____ has not passed the qualifying examination from more than one Board/University/any other examining body.

Date:

Signature of Parent/Guardian _____

Name of Parent/Guardian _____

**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 (10th) | | |
| 2) Certificate from the Head of the Institute where from passed 10+1 and 10+2 (Form No.1 Annexure-II) ***Specimen of form available at Page No. 26 of the Prospectus*** | | |
| 3) Detail Marks Card of 10+1 | | |
| 4) Qualifying Examination Detail Marks Card (10+2) | | |
| 5) Character Certificate from Institution last attended (10+2) | | |
| 6) Migration Certificate (10+2) | | |
| 7) Category Certificate (if any) | | |
| 8) Income Certificate (if any) | | |
| 9) Punjab Residence Certificate | | |
| 10) Gap Certificate | | |
| 11) Undertaking by parents after affixing self attested recent Photograph (that their child have not availed any Residence benefit in any other state), ***Specimen of form available at page No 42 of the Prospectus*** | | |

Checked by (Sign) _____

Name ( _____ )