

**FR MULLER HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**

(Affiliated to Rajiv Gandhi University of Health Sciences, Recognized by the central Council of Homoeopathy, New Delhi)

**(A Unit of Father Muller Charitable Institutions)**

**University Road, Deralakatte post, Mangalore - 574160**

**Phone: 0824- 2203901 Ext 115 Fax: 0824 -2203904**

**(Christian Minority Institution)**

**FORM OF APPLICATION FOR ADMISSION TO M.D (Hom) COURSE**

APPLICATION NO.

From,

.....  
.....  
.....  
.....

Affix here your latest Photograph

Phone/Mobile: .....

Pincode:

To:

The Admission Officer

**FATHER MULLER HOMOEOPATHIC MEDICAL COLLEGE**

University Road, Deralakatte

Mangalore - 574160

Dear Sir,

I am enclosing herewith an application form duly completed for admission to the college

I have read the Prospectus, the Rules and the Procedure of Admission and I am ready and will to abide by them.

Attested copies of Certificates/ testimonials are enclosed as stated below: (Refer Prospectus)

1. ....
2. ....
3. ....
4. ....
- ..
5. ....

Place: .....

Date: .....

Yours Faithfully

.....

Signature

**APPLICATION FORM : STUDENTS**

NAME IN FULL (BLOCK LETTERS):

.....

PERMANENT ADDRESS:

.....

.....

.....Pin Code .....Tel No:

.....

ADDRESS TO WHICH CORRESPONDENCE HAS TO BE SENT:

.....

.....

.....Pin Code .....Tel No.

.....

NAME AND ADDRESS OF LOCAL GUARDIAN (IF ANY)

.....

.....

.....Pin Code .....Tel

No.....

NATIONALITY AND DOMICILE .....

**BIO - DATA**

1. NAME \_\_\_\_\_

2. AGE and DATE OF BIRTH \_\_\_\_\_

3. RELIGION \_\_\_\_\_

4. HEIGHT/WEIGHT \_\_\_\_\_

5. COMMUNITY \_\_\_\_\_

(Tick whichever is applicable) F.C          B.C          O.B.C          S.C          S.T

6. STATUS: SINGLE/ MARRIED \_\_\_\_\_

7. VEG/NON VEG/ \_\_\_\_\_

8. HEALTH \_\_\_\_\_

9. HOBBIES \_\_\_\_\_

i) Age of Enrollment in the School \_\_\_\_\_

ii) Age of Passing II PUC \_\_\_\_\_

iii) School: Day/ Boarding \_\_\_\_\_ College: Day/Hostel \_\_\_\_\_

iv) Education financed by: Parents/Scholarship \_\_\_\_\_

10. FATHER'S Name: \_\_\_\_\_

Living/Died (State when & the cause of death) \_\_\_\_\_



III BHMS	Institution School/ College University Board	Year/ Attempt	Subjects	Marks Obtained	Maximum
				<b>GRAND TOTAL</b>	

IV BHMS	Institution School/ College University Board	Year/ Attempt	Subjects	Marks Obtained	Maximum
				<b>GRAND TOTAL</b>	

**CO-CURRICULAR ACTIVITIES**  
**Please give details of the following**

Note : 1. Indicate prize won / if you have represented the School / College / University.  
 Attach testimonials in support.  
 2. Indicate your interest in these, by the following:  
 Good (G); Fair (F); Casual (C); and Active (A) Observer (O)

1. Scout- Guide/A.C .....  
 .....
2. N.C.C.....  
 .....
3. Games .....  
 .....
4. Sports / Gymnastics / Hiking .....  
 .....
5. Elocution / Debating .....  
 .....
6. Dance / Drama / Music .....  
 .....
7. Drawing / Painting / Photography .....  
 .....
- 8 .Any other (Like Social / Service).....  
 .....  
 .....