

**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 – 575 018**

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

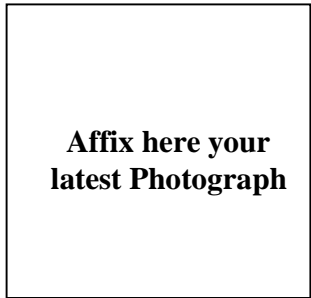
(Christian Minority Institution)

**FORM OF APPLICATION FOR ADMISSION TO B.H.M.S. COURSE**

APPLICATION NO.

From:  
(IN BLOCK LETTERS)

.....  
.....  
.....  
.....Pin code.....  
Phone/Mobile: .....



To:  
The Admission Officer  
**FATHER MULLER HOMOEOPATHIC MEDICAL COLLEGE**  
**UNIVERSITY ROAD, DERALAKATTE, MANGALORE – 575 018**

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 willing to abide by them.

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

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

Yours Faithfully

Date: .....

.....

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 (RC/CHRISTIAN/SYRIAN CATHOLIC) \_\_\_\_\_

(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/Free-ships/Help from Relatives/Loans

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

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

Employed With Name and Address of the Firm/ Co/ Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Designation \_\_\_\_\_ Monthly Income Rs \_\_\_\_\_

11. MOTHER'S Name: \_\_\_\_\_ Age : \_\_\_\_\_

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

Employed with: Name and address of the Firm / Co / Employer : \_\_\_\_\_

\_\_\_\_\_

Designation: \_\_\_\_\_ Monthly Income Rs. \_\_\_\_\_

12. SIBLINGS:

Brothers & Sisters (Use additional sheets if needed)

	1	2	3	4
Name :				
Age:				
Sex :				
Education				
Employed with				
State of Health				

**ACADEMIC RECORD**

- Note: 1. Submit certified copies of all Mark-Lists.  
 2. Indicate prizes and scholarships won and submit certificates in support.  
 3. Indicate number of attempts in each subject.

1. S.S.L.C. (X STD)	Institution School/ College University/ Board	Year/ Attempt	Subjects	Marks Obtained	Maximum
<b>GRAND TOTAL</b>					

2. II P.U.C. (XII STD)	Institution School/ College University/ Board	Year/ Attempt	Subjects	Marks Obtained	Maximum
			<b>GRAND TOTAL</b>		
			<b>P.C.B. %</b>		

**3. Higher Examination (B.Sc. etc.) Furnish details & attach copies of mark list.**

**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.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) .....