

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:

Email:

Blood Group:

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

Affix here your
latest Photograph

APPLICATION FORM : STUDENTS

NAME IN FULL (BLOCK LETTERS) :

PERMANENT ADDRESS:

.....

.....Pin CodeTel No:

ADDRESS TO WHICH CORRESPONDENCE HAS TO BE SENT:

.....

.....

.....Pin CodeTel No.

NAME AND ADDRESS OF LOCAL GUARDIAN (IF ANY)

.....

.....Pin CodeTel 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
GRAND TOTAL					

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