

**FATHER 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 Institute of Health Sciences)**

**University Road, Deralakatte post, Mangalore – 575 018**

Phone: 0824- 2203901/02      Ext 105/106      Fax: 0824 -2203904,

(Christian Minority Institution)

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

APPLICATION NO.

From,  
(IN BLOCK LETTERS)

.....  
.....  
.....  
.....Pin code.....

Phone.....

Mobile: .....

E-mail:.....

Affix here your  
latest Photograph

To:  
The Admission Officer

**FATHER MULLER HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL  
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. Subject Preferred: 1. .... 2.....3. ....

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 ( 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 B.H.M.S. \_\_\_\_\_

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

iv) Education financed by: Parents/Scholarship/Free-ships/help from relatives/loans

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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



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>	

Date of joining Internship \_\_\_\_\_ Date of completion of Internship \_\_\_\_\_

**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./N.S.S.....  
.....
3. Games .....  
.....
4. Sports / Gymnastics / Hiking .....  
.....
5. Elocution / Debating .....  
.....
6. Dance / Drama / Music .....  
.....
7. Drawing / Painting / Photography .....  
.....
- 8 .Any other (Like Social / Service).....  
.....
9. Participation in Health awareness camp/articles.....