

# FATHER MULLER HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

(A Unit of Father Muller Institute of Health Sciences)

(Christian Minority Institution)

University Road, Deralakatte Post, Mangalore – 575 018

*Affiliated to Rajiv Gandhi University of Health Sciences,*

*Recognized by the Central Council of Homoeopathy, New Delhi*

**Accredited by NAAC with 'A' Grade**

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

**Email ID :** hmcoffice@fathermuller.in

## APPLICATION FORM FOR ADMISSION TO M.D(Hom) COURSE FOR THE YEAR 20... - 20...

### Instructions :

1. Fill in the form in your own handwriting
2. Use only **BLOCK LETTERS**
3. Read the Prospectus carefully before filling up the form
4. Incomplete Application forms will be rejected without any prior information

**Affix here your  
latest Photograph**

### DETAILS OF THE APPLICANT

1. **Name of the Applicant** (as in the S.S.L.C/X Std Certificate): \_\_\_\_\_

2. **Date of Birth**      Day      Month      Year  
                                                   3. **Age** (as on 31.12.20....) : \_\_\_\_\_

4. **Religion** : \_\_\_\_\_      5. **Caste** : \_\_\_\_\_

5. **Category** (Please mention your category i.e. General/SC/ST/OBC/others)

6. **Mother Tongue** : \_\_\_\_\_

7. **Blood Group** : \_\_\_\_\_

8. **Marital Status** : **Married/Unmarried**      9. **Aadhaar Card No.:** \_\_\_\_\_  
(if available)

9. **E-mail ID** : \_\_\_\_\_

10. **Address :**

<u>Present Address</u>	<u>Permanent Address</u>
<b>City :</b>	<b>City :</b>
<b>State :</b>	<b>State :</b>
<b>Pin Code :</b>	<b>Pin Code :</b>
<b>Res No. :</b>	<b>Res No. :</b>
<b>Mobile :</b>	<b>Mobile :</b>

11. **Specialty Subjects preferred to :**    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_

12. **Hostel Accommodation Required**      Yes / No

**P.T.O.**

## DETAILS OF THE PARENTS

13. Fathers Name : \_\_\_\_\_ Age: \_\_\_\_\_  
Qualification : \_\_\_\_\_ Occupation : \_\_\_\_\_ Designation : \_\_\_\_\_  
Monthly Income : \_\_\_\_\_  
Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_  
Email ID : \_\_\_\_\_
14. Mothers Name : \_\_\_\_\_ Age : \_\_\_\_\_  
Qualification : \_\_\_\_\_ Occupation : \_\_\_\_\_ Designation : \_\_\_\_\_  
Monthly Income : \_\_\_\_\_  
Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_  
Email ID : \_\_\_\_\_

15. Siblings (Use additional sheets if needed):

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

## ACADEMIC RECORD

1. I BHMS :

Name of the College: \_\_\_\_\_  
Board : \_\_\_\_\_

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

2. II BHMS :

Name of the College: \_\_\_\_\_  
Board : \_\_\_\_\_

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

P.T.O.

**3. III BHMS :**

Name of the College: \_\_\_\_\_

Board : \_\_\_\_\_

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

**4. IV BHMS :**

Name of the College: : \_\_\_\_\_

Board : \_\_\_\_\_

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

**5. INTERNSHIP**

Name of the College : \_\_\_\_\_

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

**6. Details of the Enclosed Certificate :**

Please tick (✓) which is applicable.

- |  |     |
|--|-----|
| (1) Secondary School (S.S.L.C) Certificate                             | ( ) |
| (2) Marks Cards of I, II, III & IV B.H.M.S                             | ( ) |
| (3) Transfer Certificate from the Head of the Institution last studied | ( ) |
| (4) Conduct Certificate from the Head of the Institution last attended | ( ) |
| (5) Internship Completion Certificate                                  | ( ) |
| (6) Attempt Certificate  | ( ) |
| (7) Provisional Degree/Convocation Certificate                         | ( ) |
| (8) Registration Certificate   | ( ) |
| (9) Copy of the Aadhar Card  | ( ) |
| (10) Five (5) passport size photographs                                | ( ) |
| (11) Three (3) stamp size photographs                                  | ( ) |

**Note :**

- Please mention the **total number of enclosed certificates/ documents** ( )
- All the certificates should bear the same name, as per **S.S.L.C/X Std certificate**
- All the Copies of Certificate and Testimonials are to be attested by a **Gazetted Officer/ Head Master or Principal.**
- Application accompanied by the above mentioned certificate only will be considered

**P.T.O.**

## CO-CURRICULAR ACTIVITIES

Indicate prize won / represented the School / College / University. (if you)  
Attach testimonials in support.

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### UNDERTAKING

1. I declare that the facts stated above are correct to the best of my knowledge and belief.
2. I have read the Prospectus, the Rules and Regulation of Admission, I am ready and willing to abide by them.
3. All the copies of testimonials, attached with this form, are submitted by me along with this application.
4. If any document submitted by me along with the application form is found fake/ forged, I will be held responsible for all the consequences therein.

**Signature of Parent/Guardian**

**Signature of the Applicant**

**Date :** \_\_\_\_\_

**Place :** \_\_\_\_\_

#### FOR OFFICE USE ONLY

**Application No. :** FMHMC/MD(HOM)/20.../ \_\_\_\_\_

**Received on :** \_\_\_\_\_