

FOR OFFICE USE ONLY

Application No. : FMHMC/ MD(HOM)//2016/ _____

Received on : _____

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 2016-17****Instructions :**

1. Fill in the form in your own handwriting
2. Use only **BLOCK LETTERS**
3. Read the Bulletin of Information 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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

 3. **Age** (as on 31.12.2016) : _____4. **Gender** : _____ 5. **Religion**: _____ 6. **Caste** : _____7. **Category** (Please mention your category i.e. General/SC/ST/OBC/others)

| |
|--|
| |
|--|

8. **Mother Tongue** : _____9. **Blood Group** : _____10. **Marital Status** : Married/Unmarried 11. **Aadhaar Card No.:** _____
(if available)12. **Authentic E-mail ID** : _____13. **Address** :

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

14. **Specialty Subjects preferred to** : 1. _____ 2. _____ 3. _____15. **Hostel Accommodation**

Yes / No

DETAILS OF THE PARENTS

16. Fathers Name : _____ Age: _____
Qualification : _____ Occupation : _____ Designation : _____
Monthly Income : _____
Phone : _____ Mobile : _____
Authentic Email ID : _____
17. Mothers Name : _____ Age : _____
Qualification : _____ Occupation : _____ Designation : _____
Monthly Income : _____
Phone : _____ Mobile : _____
Authentic Email ID : _____

18. Siblings (Use additional sheets if needed):

| | 1 | 2 | 3 | 4 |
|-----------------|---|---|---|---|
| Name | | | | |
| Age | | | | |
| Gender | | | | |
| 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 | | | |

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 & its Marks Sheet | () |
| (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) Attempt Certificate | () |
| (6) Provisional Degree/Convocation Certificate | () |
| (7) Registration Certificate | () |
| (8) Copy of the Aadhar Card | () |
| (9) Three (3) passport size photographs | () |
| (10) Three (3) stamp size photographs | () |

Note :

- Please mention the **total number of enclosed certificates/ documents** relating to above ()
- 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

CO-CURRICULAR ACTIVITIES

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

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 the Procedure of Admission and 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 : _____