

Application No. : FMHMC/BHMS/2023/ _____

NEET PERCENTILE : _____

Received on : _____

D.D No. : _____

FATHER MULLER HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

(A unit of Father Muller Charitable Institutions)

(Christian Minority Institution)

University Road, Deralakatte Post, Mangalore – 575 018

Affiliated to Rajiv Gandhi University of Health Sciences,

Recognized by the National Commission for Homoeopathy, New Delhi

Accredited by NAAC with 'A' Grade

Phone: 0824 - 2203905/9481450880/7411800900

Email ID : admissionhmc@fathermuller.in

**APPLICATION FORM FOR ADMISSION TO B.H.M.S. COURSE
FOR THE YEAR 2023- 24**

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): _____

Day Month Year

2. **Date of Birth** : 3. **Age** (as on 31.12.2023): _____

4. **Gender** : _____ 5. **Religion**: _____ 6. **Caste** : _____

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

8. **Seat Type** (mark ✓) : Management/ Government/ All India Quota

9. **Mother Tongue** : _____

10. **Blood Group** : _____ 11. **Marital Status** : Married/ Unmarried

12. **Aadhaar Card No.:** _____ 13. **PAN No. :** _____

14. **E-mail ID** : _____

15. **Applicants Mobile No. :** _____

16. **Address :**

Present Address

Permanent Address

_____	_____
_____	_____
_____	_____
City :	City :
District :	District :
State :	State :
Pin code :	Pin code :
Res Ph No.:	Res Ph No.:

P.T.O

16. Indicate if N.R.I (Non Resident Indians) Seat is desired

Yes / No

17. Hostel Accommodation

Yes / No

DETAILS OF THE PARENTS

18. Fathers Name : _____ Age: _____

Qualification : _____ Occupation : _____ Designation : _____

Monthly Income : _____

Phone : _____ Mobile : _____

Email ID : _____

19. Mothers Name : _____ Age : _____

Qualification : _____ Occupation : _____ Designation : _____

Monthly Income : _____

Phone : _____ Mobile : _____

Email ID : _____

20. Siblings (Use additional sheets if needed):

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

ACADEMIC RECORD

1. S.S.L.C (X Std) :

Register No. _____

Name of the School: _____

Board : _____ Month & Year of passing : _____ No. of Attempts : _____

Subjects	Maximum	Marks Obtained
GRAND TOTAL		

2. P.U.C (XII Std) :

Register No. _____

Name of the College : _____

Board : _____ Month & Year of passing : _____ No. of Attempts : _____

Subjects	Maximum	Marks Obtained
GRAND TOTAL		
P.C.B. %		

3. If any Higher Examination (B.Sc. etc.) furnish details & attach copies of mark list.

4. Details of the Enclosed Certificate :

Please tick (✓) which is applicable.

- | | |
|--|-----|
| (1) NEET Score sheet | () |
| (2) Secondary School (S.S.L.C) Certificate & its Marks Sheet | () |
| (3) Senior School (P.U.C/+2 Class) Certificate & its Marks Sheet | () |
| (4) Transfer Certificate from the Head of the Institution last studied | () |
| (5) Conduct Certificate from the Head of the Institution last attended | () |
| (6) Migration Certificate | () |
| (7) Copy of the Aadhar Card | () |
| (8) Two (2) Passport size photographs | () |

Note :

- 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.

P.T.O

UNDERTAKING

1. I hereby solemnly affirm that the statements made and the information furnished in my son's/ daughter's / wards application form and also in the enclosures thereto submitted by him/her are true.
2. I have read the Prospectus and I am aware of rules and regulations of the College and agree to abide by the said rules and regulations including code of conduct.
3. I am aware that the Admissions made are provisional and subject to the approval by the Rajiv Gandhi University of Health Sciences and Apex Body/NCH.

Signature of Parent/ Guardian

Signature of the Applicant

Date : _____

Place : _____