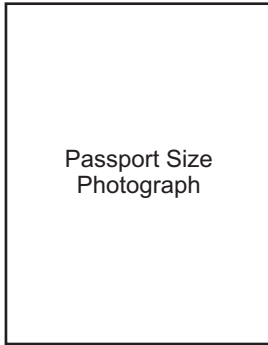


DR. M. L. DHAWALE MEMORIAL HOMOEOPATHIC INSTITUTE

Office: BMC's Holistic Mother & Child Care Centre, 3rd Floor,
Harishankar Joshi Marg, Dahisar (E), Mumbai - 400068

M.D. (HOM.) APPLICATION FORM



A: BIO-DATA

PGH-CET	Marks
	Rank

To,
The Director,
Dr. M. L. Dhawale Memorial Homoeopathic Institute
BMC's Holistic Mother & Child Care Centre, 3rd Floor,
Harishankar Joshi Marg, Dahisar (E), Mumbai - 400068

Respected Sir,

I wish to apply for admission to the M.D. (Hom.) course in your Institute for the academic year _____

*The subject allotted to me by the Competent Authority is _____ .
OR

*I wish to secure admission under the NRI/Management Quota for the subjects In the order mentioned below:

1. _____
2. _____
3. _____
4. _____
5. _____

* Strike out what is not applicable

I furnish my particulars as under:

A. PERSONAL DATA

NAME

(Surname) (Name) (Father's Name)

ADDRESS: PERMANENT RESIDENCE

PHONE: Code _____ No. _____ Mobile: _____

Email: _____

ADDRESS: (FOR COMMUNICATION) - if other than given above:

_____ Tel _____

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** M / F

STATUS : Single / Married **RELIGION** _____

NATIONALITY:

CASTE / COMMUNITY (where reservation is claimed):

FATHER: NAME _____ **AGE:** _____ / DIED

(STATE WHEN AND THE CAUSE)

HEALTH:

OCCUPATION (GIVE DETAILS) _____

MOTHER : NAME: _____ **AGE:** _____ / DIED **(STATE**

WHEN AND THE CAUSE)

HEALTH:

OCCUPATION (GIVE DETAILS) _____

SIBLINGS

No.	Name	Age	Education	Occupation	Health

B. ACADEMIC DATA

SCHOOL EDUCATION: AGE OF ENROLLMENT IN SCHOOL _____

AGE / YEAR OF PASSING SSC EXAM _____ GRADE _____

POST-SCHOOLING EXPERIENCE:

UNIVERSITY EDUCATION: COLLEGE AND COURSE _____

AGE / YEAR OF PASSING HSC EXAM _____ GRADE _____

MEDICAL TRAINING: COLLEGE _____

YEAR OF PASSING FINAL EXAMINATION: (BHMS / GRADED BHMS) _____

No.	BHMS	ATTEMPT	Marks	%
1	I			
2	II			
3	III			
4	IV			

MARKS OBTAINED IN FINAL BHMS / GRADED BHMS

Subject	HMM	Medicine	Repertory	Total	%
Maximum Marks					
Marks Obtained					

MARKS OBTAINED IN THE THIRD BHMS / GRADED BHMS

Subject	HMM	Organon	Obst / Gynec	Surgery	Total	%
Maximum Marks						
Marks Obtained						

INTERNSHIP TRAINING

(State College / Hospital and Departments where worked and the level of confidence acquired)

REGISTRATION No. and DATE: _____

NAME AND ADDRESS OF THE REGISTRATION AUTHORITY

Undertaking as per the order of the Hon. Supreme Court of India:

I agree to abide by the Rules & Regulations related to ragging as stated in the Prospectus and the punishments to which I am liable if found guilty.

Signature of the Candidate

Undertaking from Parents / Guardian

We are aware of the rules & regulations set by the institution related to ragging & the punishments for the same as mentioned in the prospectus. If my ward is found guilty of ragging, we accept the punishment given by the institution.

Signature of Parent / Guardian

Name:

Date: _____

Place: _____

Undertaking:

“I agree to abide by the Rules and Regulations prescribed in the Prospectus and those framed by the Management / University / CCH from time to time. I agree that my admission will be cancelled if any information given by me above is found to be incorrect or false”.

Date : _____

Place: _____

Name and Signature of Candidate

FOR OFFICE USE ONLY

Certificates checked by: _____

Details of Fees paid: Full / Part vide DD / Cheque No. _____ drawn on
_____ dtd. _____

Full Fees will be paid by: _____

Loan letter issued on _____ No. _____

Candidate admitted for Subject _____

Signature of the Admission Authority

Date:

CHECKLIST OF CERTIFICATES ATTACHED

(Please tick the attached documents in the list below)

No.	Certificates	Yes / No
1	Nationality certificate or photocopy of valid passport duly attested by Dean / Principal / Domicile Certificate / Birth Certificate	
2	Entrance Test Mark Sheet	
3	AMHMCM Selection Letter	
4	First to Final Year Mark Sheets of BHMS / Graded BHMS examination	
5	Passing / Degree Certificate of the University / College	
6	Internship Completion Certificate of the University / College	
7	Attempt Certificate of all examinations in Degree course from Head of the Institute	
8	Caste Certificate (If Applicable)	
9	Caste Validity Certificate (If Applicable)	
10	Non-Creamy Layer Certificate valid upto 31/03/2009 for DT/VJ, NT-1, NT-2, NT-3, OBC (If Applicable)	
11	VALID Registration Certificate from Council	
12	College Leaving Certificate (LC/TC)	
13	Experience Certificate	
14	Migration Certificate issued by the respective University, (If Applicable)	
15	Self Educational Gap (If the Gap is more than 6 months after completion of internship / qualifying Degree). Affidavit by student. (If Applicable)	
16	Medical Fitness Certificate / Physically Handicapped Certificate	
17	Undertaking for not having taken admission to PG course in last 3 years as per format	
18	Six (6) duly attested passport size photographs	

(All copies of Certificates and Testimonials are to be attested by a Gazette Officer / Headmaster or Principal. Originals need to be produced at the time of the admission).