

DR. M. L. DHAWALE MEMORIAL HOMOEOPATHIC INSTITUTE

Rural Homoeopathic Hospital, Palghar-Boisar Road, Palghar - 401404
Phone - 02525-256932/7720016358

M.D. (HOM.) APPLICATION FORM

| |
|-----------------------------|
| Passport Size Photograph |
|-----------------------------|

A: BIO-DATA

| | |
|---------------------------------------|----------------|
| AIAPGET (Month & year passing) | Marks |
| | SML No. |
| | All India Rank |

To,
The Principal,
Dr. M. L. Dhawale Memorial Homoeopathic Institute
Rural Homoeopathic Hospital,
Palghar-Boisar Road, Palghar - 401404

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. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

* Strike out what is not applicable

I furnish my particulars as under:

A. PERSONAL DATA

NAME

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

ADDRESS: PERMANENT RESIDENCE

Contact No: Landline: Code _____ No. _____

Mobile: (Self) _____ (F) _____ (M) _____

Email: _____

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

_____ Contact Details : _____

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

STATUS : Single / Married **RELIGION** _____

NATIONALITY: _____

CASTE / COMMUNITY (where reservation is claimed): _____

MOTHER TONGUE: _____

AADHAR NO: _____

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 (Give Details) | Health |
|-----|------|-----|-----------|------------------------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DOCTORS IN FAMILY:

B. ACADEMIC DATA

SCHOOL EDUCATION: SCHOOL NAME _____

YEAR OF PASSING SSC Exam _____ % _____ Marks _____ Grade _____

POST-SCHOOLING EXPERIENCE:

UNIVERSITY EDUCATION: COLLEGE AND COURSE NAME _____

YEAR OF PASSING HSC Exam _____ % _____ Marks _____ Grade _____

BHMS COLLEGE NAME: _____

YEAR OF PASSING FINAL EXAMINATION (BHMS)

| No. | BHMS | ATTEMPT | Marks / Obtained | % | Month & Year of Passing |
|-----|------|---------|------------------|---|----------------------------|
| 1 | I | | | | |
| 2 | II | | | | |
| 3 | III | | | | |
| 4 | IV | | | | |

PAST EXPERENICE
INTERNSHIP TRAINING

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

INTERSHIP COMPLETION DATE: _____

MCH/CCH REGISTRATION NO. and DATE: _____

NAME AND ADDRESS OF THE REGISTRATION AUTHROITY _____

C. CO-CURRICULAR ACHIEVEMENTS

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

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 us 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: _____

Loan letter issued on _____ No. _____

Fees Application No. _____

Candidate admitted for Subject _____

Details of Fees paid to

| | Dr. M L Dhawale Memorial Homeopathic Institute | Dr. M L Dhawale Memorial Trust | Dr. M L Dhawale Memorial Trust - Mess |
|-----------|---|---|--|
| Cash | | | |
| Cheque | | | |
| NEFT/RTGS | | | |
| DD | | | |

Signature of the Admission Authority

Date:

CHECKLIST OF CERTIFICATES ATTACHED

(Please tick the attached documents in the list below along with 3 sets of attested Xerox)

| No. | Certificates | Yes / No | 3 sets of attested Xerox |
|-----|--|----------|--------------------------|
| 1 | a) Nationality Certificate issued by District Magistrate / Additional District Magistrate / Chief Metropolitan Magistrate b) Photocopy of Valid Passport duly attested c) Domicile Certificate d) Birth Certificate endorsed with Nationality as ' Indian ' on it e) Leaving Certificate with Nationality as ' Indian ' on it | | |
| 2 | Entrance Test Mark Sheet | | |
| 3 | Online Download application from competent authority, Maharashtra | | |
| 4 | Selection letter by competent Authority | | |
| 5 | First to Final year mark sheets of BHMs examination | | |
| 6 | Passing/ Degree Certificate of the University / college | | |
| 7 | Internship Completion Certificate of the University /college | | |
| 8 | Cast Certificate | | |
| 9 | Caste Validity Certificate | | |
| 10 | Non-Creamy Layer certificate valid upto31/3/2019for DT/VJ, NT-1, NT-2, NT-3, OBC | | |
| 11 | VALID Registration certificate from council | | |
| 12 | College leaving certificate (LC/TC) | | |
| 13 | Migration Certificate issued by the respective University | | |
| 14 | Self Educational GAP (if the Gap is more than 6 months after completion of internship/qualifying Degree), Affidavit by student | | |
| 15 | Medical Fitness Certificate / Physically Handicapped Certificate | | |
| 16 | Six (7) passport size photographs 5 - Passport/ 2 - Revenue | | |
| 17 | SSC Passing / Mark sheet | | |
| 18 | HSC Passing/Mark sheet | | |
| 19 | ID Prof (Pan Card/ Driving Licence --- XEROX | | |
| 20 | Aadhar Card ---- XEROX | | |
| 21 | Copy of Gazette, Marriage Certificate & Affidavit in case of Change in Name (if Applicable) | | |

(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).

OFFICE USE ONLY

Details of Fees paid:

| | Details | Date |
|-----------------|---------|------|
| Cash | | |
| Cheque/ NEFT/DD | | |