	FOR OFF	FICEUSE ONLY
Application N	o.: FMHMC/ MD(HOM)/2023/	AIAPGET Score :
Received on	:	
D.D No.	: -	
FATHER	R MULLER HOMOEOPATHI	C MEDICAL COLLEGE & HOSPITAL
	(A Unit of Father Mull	er 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 M.D(Hom) COURSE

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FOR THE YEAR 2023-24	

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- 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

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. Date of Bi	rth	: [] 3. A	age (as on 31.12.2023) :
. Gender:_				5. Rel	ligion: _			6.	Caste :
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DETAILS OF THE PARENTS

9. Fathers Name	•			Age:		
Qualification	Qualification :		Designa	ntion :		
Monthly Income		_				
Phone		Mobi	ile :			
				Age:		
		Occupation :	Desigi	nation:		
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. Siblings (Use add	itional sheets if ne	eded)•				
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Name						
Age						
Gender						
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Grand Total

Subjects	No. of attempts	Max. Marks	Marks obt	iameu
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gistration NoNa	ame of the Board :			
ails of the Enclosed Certificate:				
ase tick (/) which is applicable.				
(1) AIAPGET Score sheet			()
(2) Secondary School (S.S.L.C) Ce	ertificate & its Marks Sh	neet	()
(3) Marks Cards of I, II, III & IV B.H.	M.S		()
(4) Transfer Certificate from the H	lead of the Institution la	ast studied	()
(5) Conduct Certificate from the H	lead of the Institution la	ast attended	()
(6) Migration Certificate			()
(7) Attempt Certificate			()
(8) Provisional Degree/Convocation	on Certificate		()
(9) Registration Certificate			()
(10) Copy of the Aadhar Card			()
	raphs		()
(11) Two (2) passport size photogr	<u> </u>			,
(11) Two (2) passport size photograte:				
	enclosed certificates/ d	ocuments relating	to above	(

- Application accompanied by the above mentioned certificate only will be considered

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3. III BHMS:

CO-CURRICULAR ACTIVITIES

	eate prize won / represented the School / College / University. (if you) ch testimonials in support.
	<u>UNDERTAKING</u>
1.	I
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/CCH.
	Signature of Parent/ Guardian Signature of the Applicant
	Date :
	Place :

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