

Application No. : FMHMC/ MD(HOM)/2024/ \_\_\_\_\_

Received on : \_\_\_\_\_

D.D No. : \_\_\_\_\_

AIAPGET Application No. : \_\_\_\_\_

AIAPGET Roll No. : \_\_\_\_\_

Percentile Score : \_\_\_\_\_

**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 M.D(Hom) COURSE  
FOR THE YEAR 2024-25****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. This application for Admission registration to MD(Hom)
5. Admission is through counselling by Karnataka Examination Authority(KEA) for all the seats
6. 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 31.12.2024) : \_\_\_\_\_

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. Applicants Authentic E-mail ID : \_\_\_\_\_

15. Applicants Mobile No. : \_\_\_\_\_

16. Address :

Present AddressPermanent Address

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

17. Specialty Subjects preferred to : 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

18. Hostel Accommodation required : Yes / No

## DETAILS OF THE PARENTS

19. **Fathers Name** : \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Qualification** : \_\_\_\_\_ **Occupation** : \_\_\_\_\_ **Designation** : \_\_\_\_\_  
**Monthly Income** : \_\_\_\_\_  
**Phone** : \_\_\_\_\_ **Mobile** : \_\_\_\_\_  
**Authentic Email ID:** \_\_\_\_\_

20. **Mothers Name** : \_\_\_\_\_ **Age** : \_\_\_\_\_  
**Qualification** : \_\_\_\_\_ **Occupation** : \_\_\_\_\_ **Designation** : \_\_\_\_\_  
**Monthly Income** : \_\_\_\_\_  
**Phone** : \_\_\_\_\_ **Mobile** : \_\_\_\_\_  
**Authentic Email ID** : \_\_\_\_\_

21. **Siblings** (Use additional sheets if needed):

	1	2	3	4
<b>Name</b>				
<b>Age</b>				
<b>Gender</b>				
<b>Qualification</b>				
<b>Employed with</b>				
<b>State of Health</b>				

## ACADEMIC RECORD

1. **I BHMS** : \_\_\_\_\_ **BHMS Register No.** \_\_\_\_\_

**Name of the College:** \_\_\_\_\_

**University** : \_\_\_\_\_

Subjects	No. of attempts	Max. Marks	Marks obtained
<b>Grand Total</b>			

2. **II BHMS** :

**Name of the College:** \_\_\_\_\_

**University** : \_\_\_\_\_

Subjects	No. of attempts	Max. Marks	Marks obtained
<b>Grand Total</b>			

3. III BHMS :

Name of the College: \_\_\_\_\_

University : \_\_\_\_\_

Subjects	No. of attempts	Max. Marks	Marks obtained
<b>Grand Total</b>			

4. IV BHMS :

Name of the College: \_\_\_\_\_

University : \_\_\_\_\_

Subjects	No. of attempts	Max. Marks	Marks obtained
<b>Grand Total</b>			

5. INTERNSHIP

Name of the College : \_\_\_\_\_

Date of joining Internship \_\_\_\_\_ date of completion of Internship \_\_\_\_\_

6. State Registration No. \_\_\_\_\_ Name of the Board : \_\_\_\_\_

7. Details of the Enclosed Certificate:

Please tick (✓) which is applicable.

- (1) AIAPGET Score sheet ( )
- (2) Secondary School (S.S.L.C) Certificate & its Marks Sheet ( )
- (3) Marks Cards of I, II, III & IV B.H.M.S ( )
- (4) Transfer Certificate (TC) from the Head of the Institution last studied ( )
- (5) Conduct Certificate from the Head of the Institution last attended ( )
- (6) Migration Certificate ( )
- (7) Attempt Certificate ( )
- (8) Provisional Degree/Convocation Certificate ( )
- (9) State Council Registration Certificate ( )
- (10) Copy of the Aadhar Card ( )
- (11) Two (2) passport 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.**
- Send the filled in application to the following address along with a **DD of Rs 500** in favour of **Father Muller Homoeopathic Medical College & Hospital**
- 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.

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**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/CCH.

**Signature of Parent/ Guardian**

**Signature of the Applicant**

**Date :** \_\_\_\_\_

**Place :** \_\_\_\_\_