

Gondia Homoeopathic Education Society's
Gondia Homoeopathic Medical
College & Hospital, Gondia

(Affiliated to Maharashtra University of Health Sciences, Nashik)
GHMC Campus, Suryatola, Gondia – 441614
Dist – Gondia (M.S.)

Passport Size
Photograph

APPLICATION FORM FOR ADMISSION TO **BHMS – II / III / IV**
BACHELOR OF HOMOEOPATHIC MEDICINE & SURGERY
COURSE FOR THE SESSION - **2020-2021**

To,
The Principal,
Gondia Homoeopathic
Medical College & Hospital,
Gondia – 441614

Sir,

I, the undersigned apply for admission to **BHMS- II / III / IV** Course in this Institution. If admitted, I promise to abide by all the rules and regulation enforced from time to time by the administration of the College and Hospital. I shall report at Gondia on or before and fulfill all other formalities for admission.

Date :

(Signature of the Applicant)

(To be filled in carefully by the candidate in his / her own handwriting)

1. Full Name of candidate : _____
(In capital letters) Surname Name Father's Name
2. Full Name of Father : _____
(In capital letters) Surname Name Father's Name
3. Full Name of Mother : _____
3. Date of Birth : _____ PRN No. _____
4. Place of Birth : _____ Nationality : _____ State : _____
5. Permanent Address : _____

Pin Code _____
Telephone No. _____ E-Mail : _____
6. Occupation Parents : _____ & Annual Income : Rs. _____/-
7. Married / Unmarried : _____
8. Whether admitted any other : _____
Institution (Indicate Name)

9. Whether in service or not : _____
10. Name and address of School : _____
College/Institution last attended
11. Date of passing the qualifying : _____ Roll No. _____
Examination

Name of the Qualifying Examination	University	Total Marks		Percent of Marks	Year of Passing	Attempt	Subject Offered
		Max Marks	Marks Obtd.				
BHMS-I	MUHS, Nasik						
BHMS-II							
BHMS-III							

12. Do you claim the Reserve Seat of Following Categories :
Scheduled Caste/Scheduled Tribes/Denotified & Nomadic Tribes other Backward
Communities
- (i) Cast : _____ (ii) Categories : _____ (iii) Sub – Cast : _____

Signature of Parents/Guardian

Signature of the Student

[FOR OFFICE USE ONLY]

Total Marks : _____ out of _____ Percentage of Marks : _____

Scrutiny Remarks : _____

Processed by : _____ Date : _____

Remarks of Admission Committee

- (i) Admit. Accept fees
(ii) Provisional
(iii) Regret. No. admission
(iv) Other :

ACCOUNT SECTION	
(Amount paid) Rs. _____ /-	
Receipt No. _____	Date : _____
Folio No. _____	
Accountant	SUPTD.

(Admission Committee)

Principal

Gondia Homoeopathic Medical College & Hospital, Gondia

UNTERTAKING

As per the instructions of Maharashtra University of Health Sciences, Nashik. I will attend II / III / IV classes (Online/Offline) which will be started from 1st August 2020.

Whenever university conducts my I / II / III year exam I will sincerely appear in the exams.

Also I will complete the university norms of attendance i.e. 75% in theory and 80% in practical. If I failed to complete the university norms I will not be eligible for MUHS examinations.

All the rules are explained by the college authority and I am ready to accept.

Signature of the Father/Mother

Signature of the Student

Name of Father/Mother : _____ Name of Student : _____

Mobile. No. : _____

Mob. No.: _____

Place : Gondia

Date : ___ / ___ / _____