KISAN DNYANODAY MANDAL GUDHE'S

#### HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

SHIRPUR DIST. DHULE -425405 (M.S.) Phone: 02563-261147 Fax No. : 02563-261147/259993

E-mail: hmcshirpur@gmail.com Website: www.kdmghmc.org

# **ADMISSION FORM**

## For College use only:

|                      | CC                   | llege Code : 4306                    |
|----------------------|----------------------|--------------------------------------|
| Admission Date : / / |                      | Passport Size                        |
|                      | Students Signature   |                                      |
|                      |                      | (3.5x45 mm)                          |
|                      |                      |                                      |
|                      |                      |                                      |
|                      |                      |                                      |
| I/II/III/IV BHMS     |                      |                                      |
| Open/Reserved        | If Reserved Specify: |                                      |
|                      | I/II/III/IV BHMS     | Students Signature  I/II/III/IV BHMS |

# 1. Personal Information:

|  |            | Last Name     |        |          | First Nar    | ne        |       | Mi    | ddl  | e Na  | ame   |     |
|--|------------|---------------|--------|----------|--------------|-----------|-------|-------|------|-------|-------|-----|
| Name of the student :                    |            |               |        |          |              |           |       |       |      |       |       |     |
| ( In case of changed name, write current | t name )   |               |        |          |              |           |       |       |      |       |       |     |
| Name of the Student:                     |            |               |        |          |              |           |       |       |      |       |       |     |
| ( In local Lar                           | nguage )   |               |        |          |              |           |       |       |      |       |       |     |
| Name of the student as print             | ed on      |               |        |          |              |           |       |       |      |       |       |     |
| 10 <sup>th</sup> Passing certificate     |            |               |        |          |              |           |       |       |      |       |       |     |
| Father's /Husband's Name:                |            |               |        |          |              |           |       |       |      |       |       |     |
| Mother's Name :                          |            |               |        |          |              |           |       |       |      |       |       |     |
| Previous name of the student             | t :        |               |        |          |              |           |       |       |      |       |       |     |
| (In case of changed name)                |            |               |        |          |              |           |       |       |      |       |       |     |
| Reason for name change : Wi              | illingly a | fter Marriage | Mari   | tal Stat | us: Unmarrie | d/Married | /Divo | rced/ | Wido | owed/ | Deser | ted |
| Date of Birth (DD/MM/YY):                | /          | /             | Gend   | der : Ma | ale / Female | !         |       |       |      |       |       |     |
| Place of Birth :                         |            |               | Bloo   | d Grou   | p :          |           |       |       |      |       |       |     |
| Religion :                               |            |               | Citize | en of (  | Country nam  | ne ) :    |       |       |      |       |       |     |
| Students Location Category :             | Rural/Ur   | ban/Tribal    |        |          |              |           |       |       |      |       |       |     |
| Address for correspondence               | •          |               |        |          |              |           |       |       |      |       |       |     |
| State:                                   | District   | :             | Tel    | hsil :   |              | City/To   | wn/   | Villa | ge : |       |       |     |
| Address (House no., Street,              |            |               |        |          |              |           |       |       |      |       |       |     |
| area/Suburb etc.)                        |            |               |        |          |              |           |       |       |      |       |       |     |
|  |            |               |        |          |              |           |       |       |      |       |       |     |
|  | Pin cod    | e :           |        |          |              |           |       |       |      |       |       |     |
| Contact details :                        |            |               |        |          |              |           |       | 1     |      | I     | 1     | I   |
| Phone No. with STD Code :                |            |               |        | Fax N    | o. with STD  | Code ·    |       |       |      |       |       |     |
| Mobile No. : 1.                          | 2.         |               |        | Email    |              |           |       |       |      |       |       |     |
| INIONIIE INO 1.                          | <u>.</u>   |               |        | Liliali  |              |           |       |       |      |       |       |     |

## 2. Legal Reservation Information Section:

| Domicile   | Category      | If Reserved : SC/ST/DT(A)/NT(B)/NT(C)/NT(D)/OBC/SBC                     |
|------------|---------------|---|
| of State : | Open/Reserved |   |
| Caste      | Sub Caste     | If Physically Challenged  |
| •••••      |               | Visually impaired/Speech and/or Hearing impaired/Orthopedic Disorder or |
|            |               | Mentally Retarded   |

## 3. Social Reservation Information Section:

| Ex- Serviceman/Ward of Ex-Serviceman        | Member of Project Affected family      |
|---|--|
| Active-serviceman/Ward of Active-Serviceman | Member of Earthquake Affected family   |
| Freedom Fighter/Ward of Freedom Fighter     | Member of flood/Famine Affected family |
| Ward of Primary Teacher                     | Resident of Tribal Area                |
| Ward of Secondary Teacher                   | Kashmir Migrant                        |
| Deserted/Divorced/Widowed Women             |  |

# 4. Guardian Information Section :

| Occupation of the Guardian                         | Annual Income of the Guardian (Rs.) |
|--|-------------------------------------|
| Service/Business/Profession/Farmer/Laborer/retired | ( Last Financial year ) :           |
| Relationship of guardian with applicant:           | Phone No.:                          |
|  |                                     |

#### **5. Educational Details Section :**

(Write "Yes" in last column, against the qualifying examination, on basis of which you are Seeking admission to the said course writes No in front of other examinations)

|                        |                             | : Last College Attended | :                       |  |                         | :Year : | : Roll No. :                         |
|------------------------|-----------------------------|-------------------------|-------------------------|--|-------------------------|---------|--------------------------------------|
| Name of<br>Examination | Name of<br>Board/University | Name of School /College | Examination<br>Seat No. | Degree/Pa<br>ssing<br>certificate<br>no. | Grade/<br>otal<br>Marks | of<br>5 | Qualifying<br>Examination?<br>Yes/No |
| Std. 10 <sup>th</sup>  |                             |                         |                         | 110.                                     | OStanic                 |         |                                      |
| Std.12 <sup>th</sup>   |                             |                         |                         |  |                         |         |                                      |
|                        |                             |                         |                         |  |                         |         |                                      |

## 6. Selected/Opted papers Section : (Write paper codes or Paper Name only, in the boxes)

| Year/Semester: | I / II / III/ IV BHMS |
|----------------|-----------------------|
| 1.             | 2.                    |
| 3.             | 4.                    |
| 5.             | 6.                    |
| 7.             | 8.                    |

#### 7. Attached Documents and certificates Section:

| Sr. No. | Name of Document/Certificate  | Original/Attested | Attached (Yes/No) |
|---------|---|-------------------|-------------------|
|         |   | True Copy         |                   |
| 1       | Passing Certificate of Std 10 <sup>th</sup>   | Original          |                   |
| 2       | Passing certificate of Std 12 <sup>th</sup> / Statement of Marks of Std. 12 <sup>th</sup> | Original          |                   |
| 3       | Leaving Certificate   | Original          |                   |
| 4       | Certificate of Caste and Category   | Original          |                   |
| 5       | Non Creamy layer certificate  | Original          |                   |
| 6       | Affidavit for changed name / Marriage /Govt. Gazette                                      | Original          |                   |
| 7       | Domicile Certificate  | Original          |                   |
| 8       | Certificate for Physically Challenged   | Original          |                   |

| 9   | Nationality Certific   | cate  |   |   | Original   |   |
|---|--|---|---|---|--|---|
| 10  | , 3  |   |   |   | <u> </u>   |   |
|   |  |   |   |   |  |   |
| <u>8. Oth</u>   | er Information   | Section:  |   |   |  |   |
| Mot   | ther Tongue :  | •   | oyment status :<br>yed/Unemployed   |   | Do you wish to jo  | oin NCC/NSS : Yes/No  |
| Would y   | you like to apply for  |   |   | I   |  |   |
| Hobbies   | s, Proficiency and ot  | her interests :   |   |   |  |   |
| Games   | and Sports participa   | tion :  |   |   |  |   |
| Level (e  | .g. College/State/Na   | ational/Interna   | ational etc.)   |   |  |   |
| Persona   | l Identification Mar   | ks : 1.   |   |   | 2.   |   |
| •   | Organ Donor ( If wish  | n to nominate f   | or Organ Donation P   | osthumous   | ( Only for students  | above 18 Years )  |
| <u>9. Dec</u>   | laration by stud   | dent:   |   |   |  |   |
| this for arising  | m is accurate and  | d true to the<br>signed by i  | e best of my knome<br>me and I underta  | wledge. I ake that,                                     | will be responsib  | nation filled in by me in<br>ole for any discrepancy,<br>ny document the final            |
|   | ware of the Maha   | rashtra Proh  | ibition of Raggin   | σ Act 199   |  |   |
| I am aw<br>prescrib   | nd regulations of the stude of  | nt once enroll<br>and should un   | ed in the Institute s<br>dertake to follow tl   | should unde   | rgo through the D  | •   |
| I am aw<br>prescrib   | are that, the Stude<br>ed by the Institute   | nt once enroll<br>and should un   | ed in the Institute s<br>dertake to follow tl   | should unde<br>he same as                               | rgo through the D  | visciplinary rules<br>Jniversity Act, 1994 &  |
| I am aw prescrib Mahara  Place:  10. Dec  | claration by Gu  | nt once enroll and should un Health Science  Date:  ardian:  n/daughter/w ny knowledg   | ed in the Institute s<br>dertake to follow thes, Act, 1998.<br>vard to join your<br>e. I have acquain | should unde<br>he same as<br>Signatui                   | rgo through the D<br>per Maharashtra (<br>e of the student                                 | visciplinary rules  Jniversity Act, 1994 &  :   |
| I am aw prescrib Mahara  Place:  10. Dec  | claration by Gu  | nt once enroll and should un Health Science  Date:  ardian:  n/daughter/w ny knowledg   | ed in the Institute s<br>dertake to follow thes, Act, 1998.<br>vard to join your<br>e. I have acquain | should under he same as  Signatur  college. To the myse | rgo through the D<br>per Maharashtra (<br>e of the student                                 | sisciplinary rules University Act, 1994 & : supplied by him / her is and fees, dues to my |
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Note: Student MUST retain photocopy of completely filled in admission form (both pages ) for future reference. Available Information in this form will be required to activate his/her account on Digital University Portal and our Institute Web portal.

Registrar/Office Suptd.

Principal/Director