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](http://www.kdmghmc.org)

**ADMISSION FORM**

**For College use only:**

|  |  |
| --- | --- |
| **Form No. : \_\_\_\_** | **College Code : 4306** |
| **Course admitted to :** **I/II/III/IV BHMS** | **Admission Date : / /** |  | **Passport Size Photo** **(3.5x45 mm)** |
| **Students Signature** |
| **Tips :** **I) Use Black ink to fill in the form and DO NOT Overwrite****ii) Fill in all fields in CAPITAL letters only.****iii) Strike –off whichever is** NOT **applicable**  |  |  |
| **Course Applied for :** | **I/II/III/IV BHMS** |  |  |
| **Admitted against which category :** | **Open/Reserved**  | **If Reserved Specify :** |  |

**1. Personal Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Last Name**  | **First Name**  | **Middle Name**  |
| **Name of the student :****( In case of changed name, write current name )** |  |  |  |
| **Name of the Student :****( In local Language )** |  |  |  |
| **Name of the student as printed on 10th Passing certificate** |  |  |  |
| **Father’s /Husband’s Name :** |  |  |  |
| **Mother’s Name :** |  |  |  |
| **Previous name of the student :****(In case of changed name)** |  |  |  |
| **Reason for name change : Willingly after Marriage**  | **Marital Status : Unmarried/Married/Divorced/Widowed/Deserted**  |
| **Date of Birth (DD/MM/YY) : / /** | **Gender : Male / Female** |
| **Place of Birth :**  | **Blood Group :** |
| **Religion :**  | **Citizen of ( Country name ) :** |
| **Students Location Category : Rural/Urban/Tribal** |
| **Address for correspondence :**  |
| **State :**  | **District :** | **Tehsil :**  | **City/Town/Village :** |
| **Address (House no., Street, area/Suburb etc.)** |  |
| **Pin code :** |  |  |  |  |  |  |
| **Contact details :**  |  |
| **Phone No. with STD Code :**  | **Fax No. with STD Code :** |
| **Mobile No. : 1. 2.** | **Email ID :**  |

**2. Legal Reservation Information Section :**

|  |  |  |
| --- | --- | --- |
| **Domicile****of State :**  | **Category****Open/Reserved** | **If Reserved : SC/ST/DT(A)/NT(B)/NT(C)/NT(D)/OBC/SBC** |
| **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 Service/Business/Profession/Farmer/Laborer/retired** | **Annual Income of the Guardian (Rs.)****( 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 Examination | Name of Board/University | Name of School /College | Examination Seat No. | Degree/Passing certificate no. | Grade/Total Marks obtained | Out of | Qualifying Examination?Yes/No |
| Std. 10th |  |  |  |  |  |  |  |
| Std.12th |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**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 True Copy  | Attached ( Yes/No) |
| 1 | Passing Certificate of Std 10th | Original |  |
| 2 | Passing certificate of Std 12th / Statement of Marks of Std. 12th | 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 Certificate | Original |  |
| 10 |  |  |  |
|  |  |  |  |

**8. Other InformationSection:**

|  |  |  |
| --- | --- | --- |
| Mother Tongue : | Employment status : Employed/Unemployed | Do you wish to join NCC/NSS : Yes/No |
| Would you like to apply for Hostel : **YES / NO** |
| Hobbies, Proficiency and other interests :  |
| Games and Sports participation : Level (e.g. College/State/National/International etc.)  |
| Personal Identification Marks :  | 1. | 2. |
| * **Organ Donor ( If wish to nominate for Organ Donation Posthumous ) ( Only for students above 18 Years )**
 |

**9. Declaration by student:**

|  |
| --- |
| I, Hereby declare that, I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and/or admission will stand cancel. **I am aware of the Maharashtra Prohibition of Ragging Act, 1999 and I state that I will abide by all the rules and regulations of the said Act.**I am aware that, the Student once enrolled in the Institute should undergo through the Disciplinary rules prescribed by the Institute and should undertake to follow the same as per Maharashtra University Act, 1994 & Maharashtra University of Health Sciences, Act, 1998.**Place : Date : Signature of the student :**  |

**10. Declaration by Guardian :**

|  |
| --- |
| I have permitted my son/daughter/ward to join your college. The information supplied by him / her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son/daughter/ward and to see that he/she observes. **Place : Date : Signature of the student :**  |

**11. For College / Institute use only :**

|  |  |  |
| --- | --- | --- |
| **Designation** | **Remarks / Particulars / Recommendations** | **Signature and date** |
| **Admission Clerk**  |  |  |
| **Admission Committee** |  |  |
| **Accountant/Cashier** |  |  |
| **Registrar/Office Suptd.** |  |  |
| **Principal/Director**  |  |  |

**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.**