

**BHARATIYA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
N.H. 11, FATEHPUR SIKRI ROAD, BHARATPUR-321001 (RAJASTHAN)**

Application form for admission to B.H.M.S. regular degree course

Session

Photo

1. Name of Applicant _____
(in block letters)
2. Father's/ Guardian's Name _____
3. Date of Birth: _____
4. Postal address: _____
(with Phone No.) _____
5. Permanent Address : _____
(with Phone No.) _____

6. Caste : _____
7. Category (SC/ST/OBC/General): _____
8. Marital Status: _____
9. Nationality : _____
10. Gender : Male : Female:

11. Details of Examination passed:

Examination Passed	University of Board	Year of Passing	Subject	Percentage of marks

DECLARATION:

Undertake and pledge by the candidate:

- I hereby certify that the entries made by me in this form are correct to the best of my knowledge and I have not concealed any information in any manner.
- I agree to observe & abide by all the rules and regulations of the institution and Dr. S.R. Rajasthan Ayurved University Jodhpur in which I may be admitted including those with regard to programe of studies, syllabus, scheme of examination, examination rules that may be laid from time to time by board of homocopathic system of medicline or institution during the period of my studies & I will not associate myself with any activity prejudicial to the discipline of the institution.
- I fully understand that for any violation or infringement of these rules & regulations, disciplinary action can be taken against me by the authorities, which may include cancellation of the candidature.
- I hereby undertake that I shall complete my BHMS degree course and will not Leave this course in mid term/incomplete. If I could not complete my course of left in Mid term I shall liable to pay full prescribed College fee for rest of the period I know that I have to pay full course fee.

Date : _____

Place : _____

Signature of the Applicant

Encl: (Thick the appropriate enclosures)

- Certificate of passing Sr. Sec. 10+2 from recognized board and mark sheet.
- Certificate confirming date of birth.
- Certificate of good conduct. From the Principal of school last attended.
- Transfer / Migration Certificate
- Certificate of Physical fitness from a registered Medical practitioner.