

Gulabrao Patil Homoeopathic Medical College, Miraj

॥ ज्ञानमेव गुरुः ॥



GPMT
Gulabrao Patil
Memorial Trust

795, GULABRAO PATIL EDUCATIONAL CAMPUS, NEAR GOVT. MILK DAIRY, MIRAJ. PH. NO. (0233) 2212147 TELEFAX : (0233) 2212560

Recognized by Govt, of Maharashtra and Central Council of Homoeopathy, New Dehi.
Affiliated to Maharashtra University of Health Sciences, Nashik.

Application for admission to First Year Degree Course in Homoeopathy (B.H.M.S.) 20 - 20

- 1) All entries must be filled and in BLOCK LETTERS only.
- 2) Incomplete applications will not be considered.
- 3) Application must be accompanied with attested Xerox copies and required certificates.
- 4) Attach separate list of certificates with the application.

PHOTO

To,
The Principal/Admission Officer,
Gulabrao Patil Homoeopathic Medical College, Miraj.

I request you to kindly consider my candidature for admission to the
"1" Year B.H.M.S." in your Institute. I herewith submit all necessary details.

Signature

1. Name : _____
(Surname) (First Name) (Middle Name)
2. Name (In Marathi) : _____
3. Whether Male or Female : Male Female Blood Group : _____
4. Address in full (For reply to this application) : _____

Pin Code : _____
5. Permanent Address : _____

Pin Code : _____
6. Phone No. (with STD code) : _____ Mobile No. : _____ E-mail ID : _____
7. Date of Birth (with certificate in support) : _____
8. Birth Place with District & State : _____
9. Nationality (With Domicile certificate in support) : _____
10. Whether Candidate is Married or Single : _____
11. Names of Father and Mother or Guardian (if Parents are not alive) : _____

Age : _____
12. Relationship of Guardian with Student (if Parents are not alive) : _____

13. Profession of Parents/Guardian : _____

14. The Gross Annual Income of Parent/Guardian : _____

15. a) School from which S.S.C. or equivalent examination passed : _____

b) Month/Year of passing 10th Std. examination : _____

c) Seat No. : _____

d) Mark obtained and percentage (With certificate in support) : _____

e) No. of attempts : _____

16. a) Name of the Board from which H.S.C. passed : _____

b) Name of the college from which H.S.C. passed : _____

c) Month/Year of passing H.S.C. examination : _____

d) Seat No. : _____

e) Total marks obtained and percentage (with certificate in support) _____ out of _____ / _____ %

f) No. of attempts made to pass H.S.C. : _____

g) Whether H.S.C. (10+2) 12th Std. or equivalent qualifying examination was passed in one attempt in Science subjects - Physics, Chemistry & Biology : _____ Yes / No

h) Marks obtained in Science subjects at H.S.C. (10+2) 12th Std. or equivalent qualifying examination. Certificate showing percentage of marks should be produced.

Subject	Marks	Out of
Physics		
Chemistry		
Biology		
English		

Total PCB Marks %

Total PCB + English Marks %

17. Which Entrance Exam. you have appeared _____ Year of passing _____

18. Marks obtained in Entrance Exam. :

Sr. No.	Name of Entrance Examination	Marks	Out of	Percentage
1.				
2.				

19. Caste _____

20. Category : OPEN SC ST VJ NT1 NT2 NT3 OBC

a) Whether Creamy Layer certificate is attached (Only for OBC / NT2 / NT3) : Yes No

DECLARATION BY THE PARENT/GURADIAN :

1. I have read the Rules of admission and agree to the same.
2. The particulars furnished by my ward are true to the best of my knowledge.
3. I undertake and bind myself to pay within due date on behalf of my ward, such as payment of fees or any other charges and dues as levied by the authority from time to time.
4. I Shall take care & full responsibility that my ward behaves properly & follows all rules and regulations of your Institute and does nothing except in the interest of his studies.

Date : _____

Signature of Parent/Guardian

Place : _____

Name of Parent/Guardian

DECLARATION BY THE CANDIDATE

1. I hereby solemnly declare that I have read all the rules and regulations of the degree course in Homoeopathy in consultation with my parent/guardian. Only after complete understanding of these rules, I have filled the application form for this academic year and stand bound by the rules and regulations of this institute.
2. I hereby agree to confirm to the rules and regulation in force at present or that may be made in future for the governance of the college and its attached hospital. As long as I am student of this college, I will not indulge in any untoward activities that will interfere with the discipline and orderly governance of the college, if I fail to do so, I will accept disciplinary action taken against me by Institute.
3. I declare that I have not been previously debarred from studying in any course during the period of my studies.
4. The information furnished by me in this application is true to the best of my knowledge and belief.
5. I fully understand that no documents other than those attached to this application form will be entertained for the purpose or any claim of priority for admission or concession in fees, etc.
6. I hereby agree to confirm to the instructions, rules etc. of the Maharashtra University of Health Science, Nashik and those of the Institute where I may be admitted and also the Acts and Laws enforced by the Government.
7. I understand that admission being given to me on my reservation claim if any, is provisional and the same will be cancelled if the said claim is rejected by any competent authority.

Signature of Candidate

Place : _____

Date : _____

Signature of Parents/Guardian

(_____)

LIST OF DOCUMENTS TO BE SUBMITTED

- 1) Nationality Certificate
- 2) S.S.C. Passing Certificate
- 3) H.S.C. Mark Sheet
- 4) NEET Mark Sheet / MHT-CET Mark Sheet
- 5) Cast Certificate - if applicable
- 6) Non - Creamy Layer Certificate - If applicable
- 7) Cast Validity - if applicable
- 8) Leaving Certificate / Transfer Certificate
- 9) Medical Fitness Certificate
- 10) Gap Certificate - if necessary
- 11) Migration Certificate - if necessary
- 12) Adhar Card Xerox copy
- 13) Income Certificate - Xerox copy
- 14) Light Bill - Xerox copy