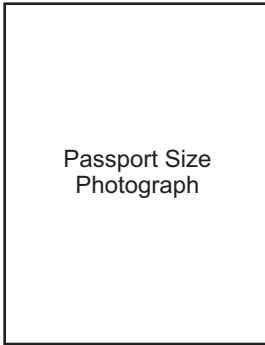


DR. M. L. DHAWALE MEMORIAL HOMOEOPATHIC INSTITUTE

Rural Homoeopathic Hospital, Palghar-Boisar Raod, Palghar – 401404
Phone – 02525256932/7720016357/8

M.D. (HOM.) APPLICATION FORM



Passport Size
Photograph

A: BIO-DATA

AIAPGET (Month & year passing)	Marks
	SML No.
	AIR
	Percentile
	Admission Category
	Admission Quota

To,
The Principal,
Dr. M. L. Dhawale Memorial Homoeopathic Institute
Rural Homoeopathic Hospital,
Palghar-Boisar Road, Palghar - 401404

Respected Sir,

I wish to apply for admission to the M.D. (Hom.) course in your Institute for the academic year _____

*The subject allotted to me by the Competent Authority is _____ .
OR

*I wish to secure admission under the NRI/Management Quota for the subjects In the order mentioned below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

* Strike out what is not applicable

I furnish my particulars as under:

A. PERSONAL DATA

NAME

(Surname) (Name) (Father's Name)

ADDRESS: PERMANENT RESIDENCE

Contact No: Landline: Code _____ No. _____

Mobile (WUP): (Self) _____ (F) _____ (M) _____

Email: _____

AADHAR NO: _____

VOTER ID NO: _____

ADDRESS: (FOR COMMUNICATION) - if other than given above:

_____ Contact Details : _____

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** M / F

STATUS : Single / Married **RELIGION** _____

NATIONALITY: _____

CASTE / COMMUNITY (where reservation is claimed): _____

MOTHER TONGUE: _____

AADHAR NO: _____ **VOTER ID NO:** _____

FATHER: NAME _____ **AGE:** _____ / DIED

(STATE WHEN AND THE CAUSE)

HEALTH: _____

OCCUPATION (GIVE DETAILS) _____

MOTHER : NAME: _____ **AGE:** _____ / DIED

(STATE WHEN AND THE CAUSE)

HEALTH: _____

OCCUPATION (GIVE DETAILS) _____

SIBLINGS

No.	Name	Age	Education	Occupation (Give Details)	Health

DOCTORS IN FAMILY: State their speciality and your relationship with them

1. _____

2. _____

3. _____

B. ACADEMIC DATA

SCHOOL EDUCATION: SCHOOL NAME _____

YEAR OF PASSING SSC Exam _____ % _____ **Marks** _____ **Grade** _____

POST-SCHOOLING EXPERIENCE:

UNIVERSITY EDUCATION: COLLEGE AND COURSE NAME _____

YEAR OF PASSING HSC Exam _____ % _____ **Marks** _____ **Grade** _____

BHMS COLLEGE NAME: _____

YEAR OF PASSING FINAL EXAMINATION (BHMS)

No.	BHMS	ATTEMPT	Marks / Obtained	%	Month & Year of Passing
1	I				
2	II				
3	III				
4	IV				

PAST EXPERIENCE

INTERNSHIP TRAINING

(State College / Hospital and Departments where worked and the level of confidence acquired)

INTERNSHIP COMPLETION DATE: _____

MCH/CCH REGISTRATION NO. and DATE: _____

NAME AND ADDRESS OF THE REGISTRATION AUTHORITY _____

C. CO-CURRICULAR ACHIEVEMENTS

POST INTERNSHIP CLINICAL EXPERIENCE: State any house post/clinical course completed with details of place, duration and learning from the experience

FUNDING FOR THE PROGRAMME: State the source of funds and if you plan to avail of loan; If so, the amount you seek and the expected time for securing it. If you anticipate any difficulties, kindly state them here.

Undertaking as per the order of the Hon. Supreme Court of India:

I agree to abide by the Rules & Regulations related to ragging as stated in the Prospectus and the punishments to which I am liable if found guilty.

Signature of the Candidate

We are aware of the rules & regulations set by the institution related to ragging & the punishments for the same as mentioned in the prospectus. If my ward is found guilty of ragging, we accept the punishment given by the institution.

Signature of Parent / Guardian
Name

Date: _____

Place: _____

Undertaking:

"I agree to abide by the Rules and Regulations prescribed in the Prospectus and those framed by the Management / University / CCH from time to time. I agree that my admission will be cancelled if any information given by me above is found to be incorrect or false".

Date : _____

Place: _____

Name and Signature of Candidate

FOR OFFICE USE ONLY

Certificates checked by: _____

Loan letter issued on _____ No. MLDMHI/M14 - _____ /2022

Candidate admitted for Subject _____

Details of Fees paid to

	Amount Paid	Cheque / RTGS / NEFT	Date	Balance Amount
Dr. M L Dhawale Memorial Homeopathic Institute				
Dr. M L Dhawale Memorial Trust				
Dr. M L Dhawale Memorial Trust - Mess				

Signature of the Admission Authority

Date:

CHECKLIST OF CERTIFICATES ATTACHED

(Please tick the attached documents in the list below along with **3 set of attested Xerox**)

No.	Certificates	Yes / No	3 sets of attested Xerox
1	a) Nationality Certificate issued by District Magistrate / Additional District Magistrate / Chief Metropolitan Magistrate b) Photocopy of Valid Passport duly attested c) Domicile Certificate d) Birth Certificate endorsed with Nationality as ' Indian ' on it e) Leaving Certificate with Nationality as ' Indian ' on it		
2	AIAPGET Mark Sheet		
3	Online Download application from competent authority, Maharashtra		
4	Subject allotment letter Maharashtra State/Central Govt		
5	First to Final year mark sheets of BHMS examination		
6	Passing/ Degree Certificate of the University / college		
7	Internship Completion Certificate of the University /college		
8	Caste Certificate		
9	Caste Validity Certificate		
10	Non-Creamy Layer certificate valid upto for DT/VJ, NT-1, NT-2, NT-3, OBC		
11	VALID Registration certificate from council MCH		
12	College leaving certificate (LC/TC)		
13	Migration Certificate issued by the respective University		
14	Self Educational GAP (if the Gap is more than 6 months after completion of internship/qualifying Degree), Affidavit by student		
15	Medical Fitness Certificate/ Physically Handicapped Certificate as per format		
16	Six (7) passport size photographs 5 – Passport/ 2 - Revenue		
17	SSC Passing / Mark sheet		
18	HSC Passing/Mark sheet		
19	ID Prof (Pan Card/ Driving License) --- XEROX		
20	Aadhaar Card ----- XEROX		
21	Voter ID		
22	Copy of Gazette, Marriage Certificate & Affidavit in case of Change in Name (if Applicable)		
23	Ant ragging Undertaking from Parents and student – from website www.antiragging.in		
24	Character Certificate as per college prospectus		
25	Any additional experience/qualification certificate		

(All copies of Certificates and Testimonials are to be attested by a Gazette Officer / Headmaster or Principal. Originals need to be produced at the time of the admission).