## DR. M. L. DHAWALE MEMORIAL HOMOEOPATHIC INSTITUTE

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

## M.D. (HOM.) APPLICATION FORM

	A: BIO-DATA				
		AIAPGET (Month &	Marks		
Passport Size Photograph		year passing)	SMLN	o.	
			AIR		
		100	Percen	tile	
			Admiss		
To, The Principal, Dr. M. L. Dhawale Memorial Ho Rural Homoeopathic Hospital, Palghar-Boisar Road, Palghar -			Admiss Quota	sion	
Respected Sir,					
I wish to apply for admissi academic year		course in your	Institute for	r the	
*The subject allotted to me by the OR *I wish to secure admission under mentioned below:  1	er the NRI/Managemer		subjects I		
2					
3	6				
* Strike out what is not applicable					
I furnish my particulars as under:	(आउन	गंव)	(कारिक)	(वडीलांचे न	19)
A. PERSONAL DATA & Nam	e (Marathi)	चे नाव:-			
NAME	3118	च नावः-			
(Surname)	(Name)	. (	Father's Na	ame)	
ADDRESS: PERMANENT RES	SIDENCE			side state of the	
Contact No: Landline: Code	No.				
Mobile (WUP): (Self)					
Email:					
AADHAR NO:					
VOTER ID NO:				1 .	

1 19/10	RESS: (FOR COMMUNICATION	N) - if oth	ner than given	above:		*
		Co	ntact Details : _	1.11 14	nation of the	
	OF BIRTH:				4	
	US : Single / Married RELIGI					
NATIO	DNALITY:					
CAST	E / COMMUNITY (where reserve	vation is	claimed):			
MOTH	IER TONGUE:					
AADH	IAR NO:		VOTE	R ID NO		
FATH	ER: NAME		AGE:_		_/ DIED	
(STAT	E WHEN AND THE CAUSE)					
HEAL	TH:					
occi	IPATION (GIVE DETAILS)					_
MOTH	IER : NAME:		AGE:_		_/ DIED	
(STAT	E WHEN AND THE CAUSE)					
HEAL	TH:					
occi	IPATION (GIVE DETAILS)					en in de la companya
SIBLI	NGS					
No.	Name	Age	Education		upation Details)	Health
				(Give	Details	
DOCT	ORS IN FAMILY: State their sp	eciality	and vour relat	ionship	with them	
100						Trible has Bird
2						
3	The State of the S	71年15	eli©e			
B. AC	ADEMIC DATA					
SCHO	OOL EDUCATION: SCHOOL NA	AME				
	OF PASSING SSC Exam					
	-SCHOOLING EXPERIENCE:					
POST		SE AND	COURSE NAM	иЕ		
	ERSITY EDUCATION: COLLEG					
UNIVI	ERSITY EDUCATION: COLLEG		%N	larks	Grade	
UNIVI YEAR						

## YEAR OF PASSING FINAL EXAMINATION (BHMS)

PAST EXPERENICE

No.	внмѕ	ATTEMPT	Marks / Obtained	%	Month & Year of Passing
1	1			2	
2	II.				
3	Ш				
4	IV				

INTERNSHIP TRAINING
(State College / Hospital and Departments where worked and the level of confidence acquired)
INTERSHIP COMPLETION DATE:
MCH/CCH REGISTRATION NO. and DATE:
NAME AND ADDRESS OF THE REGISTRATION AUTHROITY
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.

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 us found guilty of ragging, we accept the punishment given by the institution.

		Sig	nature of Parent	/ Guardian Name
Date:				
Place:				
Undertaking: "I agree to abide by the Rules a by the Management / Universi cancelled if any information giv	ty / CCH from	time to time. I ag	gree that my ad	Imission will be
Date :			Name and Signat	ure of Candidate
FOR OFFICE USE ONLY				
Certificates checked by: Loan letter issued on		No	o. 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				

## **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	医毒皮	
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	140	
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).