

Cost of Application Fee is Rs.500/-

Application No.
(Office use only)

MARTIN HOMOEOPATHY MEDICAL COLLEGE & HOSPITAL
54, Mettupalayam Road, Coimbatore – 29

**APPLICATION FORM FOR
ADMISSION TO B.H.M.S. COURSE**

Recent Passport
Size Photo to be
affixed here

1. Name (in Block Letters) :

2. Father's Name & Occupation :

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3. Mother's Name :

4. Address for Communication :

:

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Pincode : Phone :

5. Permanent Address :

:

:

Pincode : Phone :

6. E-mail :

7. Phone Number : Landline:..... Mobile:

8. Date of Birth & Age : **Day** **Month** **Year** **Age**

9. Gender : Male Female

10. Place of Birth, District & State :

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11. Nationality / Religion :

12. Blood Group :

13. Community :

SC	
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ST	
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MBC	
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BC	
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OC	
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OBC	
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14. Name & Address of the School :

Last Studied :

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15. Medium of Study :

16. Details of Examination Passed:

Qualifying Examination Passed & Board	Details of School		Month & Year of Passing	Reg.No.	Marks obtained in the subjects (out of ____)		Percentage in aggregate of Phy/Che Bio or Bot/Zoo
					Physics		
	Name of the School				Chemistry		
					Biology		
					Botany		
	Place				Zoology		
	State				English		
	District				Maths		
	Relieving Date						

DECLARATION BY THE APPLICANT

ISon/ Daughter/ Ward of hereby solemnly declare that the information furnished and the statements given in the application and the enclosures are true / correct and complete. I further declare that should be found otherwise, I will be liable to forfeit my seat and /or be removed from the rolls of the institution at whatever study I may be, besides making me liable for criminal prosecution. I also declare that I shall obey the rules and regulations laid down by the College Administration

Place:

Signature of the Student

Date:

DECLARATION BY THE PARENT/ GUARDIAN

I declare that the above facts are true to the best of my knowledge and I shall be responsible for any loss or damage to the College property caused by my ward.

Place:

Signature of the Parent/Guardian

Date:

ENCLOSURE:

1. Application Form with Demand Draft for Rs. 500/- in favour of, “Martin Homoeopathy Medical College & Hospital, Payable at Coimbatore. Filled Application should reach us on or before 20th August 2018.
2. 10th Mark Sheet Xerox Copy – 1 No
3. 12th Mark Sheet Xerox Copy – 1 No
4. Transfer Certificate Xerox Copy – 1 No
5. Community Certificate Xerox Copy – 1 No
6. Eligibility certificate obtained from The Tamil Nadu Dr.M.G.R Medical University, Chennai Xerox Copy – 1 No (Other State Students Only)
7. Migration Certificate Xerox Copy – 1 No (Other State Students Only)