MANGLA KAMLA HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL

SHRINAGAR, SIWAN (BIHAR) - 841 226

(in	be completed in block letters in candidates own handwriting) complete application form will not be accepted)	7						
1.								
2.	Father's Name							
3. Postal address								
	DD MM YY Telephone no (in any)							
4.	Date of Birth							
	(As for secondary school certificates)							
5.	Married or unmarried							
6.	Guardian's name							
7.	Occupations of Father/Guardians							
8.								
9.								
10.	Educational Qualification (a) Father							
	(b) Mother							
1.	Nationality							
	he documents enclosed in application form :-							
	(a) Attested copies of high school, 10+2 (bio.), other qualification (b) Character Certificate							
(c) 2 Passport Size Photos and 2 ticket size photo to be sent. (d) Received application form no								
	for admission to the 1st year of B.H.M.S.							
	degree course.							

12. Deatils of Qualification :-

Exams. passed	University Board	Date Passed	Marks obtained	Subject in School College	% of Agg. Marks	% of PCB
High School						
I.Sc./10+2 (Bio)						
B.Sc.	9	514	~			
D.H.M.S.						

14	Dec	arat	ion	
- ·		ala	II OI	

Date

I declare that the facts stated above are correct to best of my knowledge. I further declare that if admitted, I shall abide by the rules regulation of the college at present in force or that may hereafter be made from time to time for the administration and discipline of the college and I shall do nothing inside or outside the college the will interfere with its orderly administration and discipline tarnish the name of homeopathy.

Signature of applicant

		v. "I declare that I shall be responsible for nt throughout his/her educational career
Place		Signature
Date		
	FOR OFFICE USE ONLY	
Principal's Remarks :- Admitted/N	Not admitted	
Roll No. Allotted	Date of admission	
Accord Accords	a a	
Acad. Assitt.	Admission in charge	() Principal