

Other

M.N.HOMOEOPATHIC MEDICAL COLLEGE AND RESEARCH INSTITUTE

A Unit of: M.N.S. Medical & Educational Society, D-90 Meera Marg, Bani Park, Jaipur-302016 City office: M.N. Hospital Campus, Near Dr. Karni Singh Stadium, Bikaner-334001(Raj.)

APPLICATION FORM

				Session : 2020							
	n No. :	Yea	7					Passport s Photograp with signat of candida	oh ure		
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Part	iculars of the Cand	didate (Use Capit	tal I	_etters)				L			
1.	Full Name (In En	glish)	:								
	(In Hi	ndi)	:	•••••							
2.	Gender		:	Male () F	emale()				
3.	Father's Name		:						•••••		
4.	Mother's Name		:	•••••	•••••				•••••		
5.	Occupation of Parent		:								
6.	Date, Place & Sta	•••••	•••••				•••••				
7.	Category (Attach Proff)		:	Gen	SC	ST	ОВС	PH	Othe	er	
8.	Present Address		:								
									•••••		
9.	Permanent Address		:						•••••		
				•••••					•••••		
10.	Phone No. / Mobile No.		:	•••••					•••••		
11.	Enrollment No.		:	•••••	•••••				•••••		
12.	Academic Qualif	Academic Qualification starting from Sen. Sec. level to last Examination:									
	Exam	Board/Universi	ty	Year	Subject	Max.		Mark	%		
						Mark	(S	Obt.			
	Secondary										
	Sr. Secondary										
		1									

OATH & UNDERTAKING BY CANDIDATE

I declare that:

- If shall leave college during 4 ½ years BHMS Course, I shall deposite remaining amount of total fees (BHMS)
- I shall not do anything wrong which may effect the prestige of college.
- > I shall follow all the instruction & orders given by Principal & Teachers in the class as well as college premises.
- > I shall follow discipline otherwise liable for indisciplinary action by the principal/Authorities.
- I shall always keep Identity Card with me & shall produce as and when asked by the Principle/Authorities/Teacher/Librarian.
- I have not been convicted of any criminal offence or moral turpitude is pending against me in any court of law
- No F.I.R. has been lodged against me by the University/Principal of college or by any other competent authority.
- I have not resorted to any act of indiscipline during the previous year.
- ➤ I understand that I am required to complete the 75% attendance for applearing at the university examination as per university norms.
- I have read the admission rules & agree to follow the same.
 To the best of my knowledge, the information furnished above is true.

Date						
Place	(Signature of the candidate)					
	UNDERTAKING BY PARENT/GUARDIAN					
I give undertaking that part	iculars given by Mr. /Mrs are					
completely true. On behalf	of father/guardian, I shall be responsible for his/her behavior & payment of all					
dues of college.						
Date :	(Signature of the Parent/Guardian)					
Name & Address						

ENCLOSURES:

The prescribed application form duly filled in and 5 envlop with Rs. 5 stamped self addressed.

- o Attested copies of Marksheet from Secondary onwards to qualification examination.
- Transfer Certificate from last Institution attended (Original)
- A Character Certificate from last institution attended (Original).
- Category Certificate (If any)
- NOC from employer (If a candidate in job)
- Migration Certificate (Original if applicable).
- O Copy of Certificate of extra-curricular activities, if any.