

Rs. 500/-
Non Transferable

Form No. :
Signature of Principal
(with Seal)

M.T.E.Society,s

DHONDUMAMA SATHE HOMOEOPATHIC MEDICAL COLLEGE

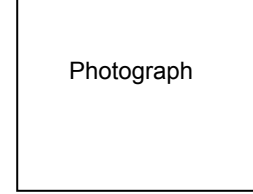
F.P.No. 23, Erandavana, Off Karve Road, Pune 411004 [Phone(020) 25423781/25424379/25440289]
(Established in 1971)

Email-dshmc@vsnl.net.

Application form for admission to

POST-GRADUATE COURSE IN HOMOEOPATHY : M.D.(HOM.)

Last Date of
Receipt of Application



PARTICULARS

1. Name of the Applicant : _____
(In Block Letters & beginning Surname First name Middle name
with Surname)
2. Permanent Address : _____
(with Pincode No.)

3. Address in full : _____
(with Pin code No.)
for correspondence.

4. Telephone No. :S.T.D.Code Tel .Number
Fax No. :
Mobile No. :
E-mail Address :
5. Date of Birth : Day Month Year
6. Marital Status : Single / Married
7. Nationality : _____
8. Religion : _____
9. Caste : _____
10. Category of Reserved Caste : SC /ST /VJ /NT 1/NT 2/NT 3/OBC
against which the application
is submitted.

Visit us at : www.mtespune.org.

11. Date of admission to Ist B.H.M.S. : Date Month Year
12. Date & year of passing Final B.H.M.S. Examination : _____
13. Date of the completion of Internship Training/ Name of the college. : From _____ to _____

14. Name of the college and the University from where graduated. : College : _____
University : _____
15. Whether you have taken admission to B.H.M.S. Course as a Backward Class candidate. If yes, attach certificate from the competent authority : Yes / No
16. State if you have been transferred to II B.H.M.S. from another Homoeopathic Medical College ? If yes, furnish details. : _____

17. Registration Number with Maharashtra Council of Homoeopathy, Mumbai . : Number: Date Year
18. Registration Number with the Central Council of Homoeopathy, New Delhi : Number: Date Year
19. Give present occupation Teaching experience, if any. Any experience of working in Rural Dispensary. if any. : _____
: _____
20. Post-Graduate Course in which admission is desired. Give only three preferences. : Choice of subject for M.D.(Hom.) Course
: [in order of preference]
: 1. _____
: 2. _____
: 3. _____

21. Marks obtained in subject of Preferences

Subject of Preference	Marks obtained				Attempts in the	
	Ist Yr	IInd Yr.	IIIrd Yr.	IVth Yr.	Subject of Preference	Other subject in the said year
1)						
2)						
3)						

22. Marks obtained in APGH CET and SLR No. : _____
23. Have you obtained any other Post-Graduate qualification earlier ? If yes, furnish details. : _____
24. Were you admitted to any P.G. Course after your B.H.M.S. if yes, give details. : _____
25. State if you are registered at present for P.G. Course in Homoeopathy in any Homoeopathic Medical College in India. If yes, furnish details. : _____
26. Whether your admission to any P.G. Course in Homoeopathy has been cancelled by the college/University ? If yes, give details. : _____
27. State if you are employed. If yes, state the name of the employer and the post held. : _____

27. Details of marks obtained
at the B.H.M.S. Examination/
Graded B.H.M.S. Exam. passed

Name of Examination	Board/ University	Year of Passing	No. of attempts	Division/ Honors
1	2	3	4	5
Ist B.H.M.S.				
IIInd B.H.M.S.				
IIIrd B.H.M.S.				
Final B.H.M.S.				
Graded Degree Course(BHMS) Part-I				
Graded Degree Course(BHMS) Part-II				

I hereby, solemnly affirm that the information furnished above is true and correct to the best of my knowledge and belief and understand that if the same is found false or incorrect later on my selection will be cancelled.

(_____)
Signature of the Applicant.

Documents attached :-

- 1) Attested photocopy of Mark Sheet of S.S.C. or equivalent examinations.
- 2) Attested photocopy of Mark Sheet of H.S.C. or equivalent examinations.
- 3) Attested photocopy of APGH CET- 2010 marks sheet.
- 4) Attested photocopies of B.H.M.S. examination (Ist to final year)
- 5) Attested photocopy of Internship Training completion certificate.
- 6) Attested photocopy of the Nationality/Domicile certificate.
- 7) Attested photocopy of Birth Certificate. Physical Fitness Certificate.
- 8) Attested photocopy of Certificate claiming admission under Reserved Categories. / Validity Certificate (If applicable)
- 9) Attested Photocopy of Registration (State Council/Central Council)
- 10) Employers 'No Objection' Certificate. (If applicable)
- 11) Attempt Certificate, Migration Certificate, College Leaving Certificate,
- 12) Gap Certificate (If applicable)

UNDERTAKING

I, Dr. _____

declare that I have read the rules of admission to the M.D.(Hom) Course in the D.S.Homoeopathic Medical College, Pune and after understanding these rules, I have filled in this form of admission during year 2011 - 2012.

I hereby agree, if admitted, to confirm to -

i) the rules and regulations made or that may be made for the governance of the College and ii) any rules and laws enacted by the government.

I hereby undertake that so long as I am a student of the College, I will do nothing either inside or outside the College and Hospital that will interfere with the discipline and orderly governance of the College, the Hospital and the Hostel, which may result in disciplinary action against me under the Ragging and other Rules, the Acts and the Laws as applicable.

I fully understand and undertake that the Principal of the D.S. Homoeopathic Medical College will have full liberty and authority to expel me from the College for any infringement of the above undertaking.

I seek admission with clear understanding and undertaking that it is not the responsibility of the D.S. Homoeopathic Medical College or the M.T.E. Society, Pune to pay any stipend to me while undergoing internship training or Housemanship in the Hospital attached to the College. The P .G. Course being Full time, I give undertaking that I shall not do any medical practice or shall not do any other business or service etc. during the period of the P.G. Course.

Admission will be considered, subject to scrutiny of certificates and in accordance with merit and subject to approval from Maharashtra University of Health Sciences, Nashik.

In case, I discontinue the course in between and leave the institution, I am liable to pay the fees for the balance period of the course.

All claims of refund of fees and other matters will be under the Maharashtra University of Health Sciences, Nashik. Jurisdiction only.

Date :

Place:

Signature of the applicant _____

Name of the applicant _____

Specimen copy of Attempt Certificate

Name of College Address

Ref No.

Date :

COLLEGE BONAFIDE AND ATTEMPT CERTIFICATE OF I , II , IIIrd AND FINAL B.H.M.S. EXAMINATION

This is to certify that Shri/Kum. _____ was a bonafide student of this college from _____ to _____. His/Her Ist B.H.M.S. admission is under _____

Category/ on transfer from _____. His/Her date of birth as per college record is _____. He/She has passed the following examinations of Poona University in the year and at the attempt shown below.

Particular	Ist BHMS	IInd BHMS	IIIrd BHMS	Final BHMS
1. Month & Year when due to appear for the Exam.,				
2. Month & Year when actually appeared for the Exam.				
3. Month & Year of passing the Examination.				

SUBJECTWISE MARKS & ATTEMPTS AT VARIOUS EXAMINATION :

Ist B.H.M.S. Examination :

SUBJECT	Anatomy	Physiology	Hom.Pharmacy	H.M..M.& Org Phil
Attempt				
Marks Obtained				
Out of				
Percentage				

IInd B.H.M.S. Examination :

SUBJECT	Pathology	P.S.M.	Foren..Medicine	Hom.Mat.Med.	Org & H.Phil
Attempt					
Marks Obtained					
Out of					
Percentage					

IIIrd B.H.M.S. Examination :

SUBJECT	Surgery,Hom.Ther	Gyn & Obst	Hom.Mat.Med	Org. & Hom.Phil
Attempt				
Marks Obtained				
Out of				
Percentage				

Final B.H.M.S. Examination :

SUBJECT	Medicine, Hom. Ther.	Hom.Mat.Medica	Hom.Reperotry
Attempt			
Marks Obtained			
Out of			
Percentage			

He/She has taken 4 years & ,6 months. For passing the whole BHMS Course. He/She is a Bonded/Non-Boned candidate. He/She has completed one year Compulsory rotating internship training from _____ to _____.

Signature of Principal
With stamp.