

**ASSOCIATION OF MANAGEMENT OF HOMOEOPATHIC
MEDICAL COLLEGES OF MAHARASHTRA**

Office : C/o AMUPMDC, Mezzanine Floor, Shreeji House , 75 Mint Road, Fort, Mumbai 400 001

**Application For The First Year Degree Course
In Homoeopathy (B.H.M.S.) 2011-2012**

1. All the entries must be filled
2. Incomplete applications will not be considered
3. Application Must be accompanied with attested
4. Xerox copies and required certificates.

Photograph

I request you to kindly consider my candidature for admission to
1st YEAR BHMS of your institute.

I am submitting herewith all the necessary details.

1. Full Name : _____
(in capital letters beginning with surname)
2. Whether Male or Female : _____
3. Address in Full : _____

4. Phone No. With STD Code : _____
5. Mobile No. : _____
6. Date of Birth : _____
7. Place of Birth : _____
8. Do you possess Indian Nationality : _____
9. Category : _____

10. Qualification Details

| Examination | Name of the Board | Month and year of Passing | P.C. B. Marks | Total Marks | Percentage |
|-------------|-------------------|---------------------------|---------------|-------------|------------|
| H. S. C. | | | | | |

11. Marks obtained in CET

| CET Exam. | State Merit No. | Marks | Out of |
|---------------|-----------------|-------|--------|
| MHT-CET 2011 | | | |
| ASSO-CET 2011 | | | |

Date :

Signature of Student

