

Form No. : A / 05 /
Amount Rs. : 300/-
Challan No. :
Date :

Please  
Affix  
Passport  
Size  
Photograph  
Here

**M.T.E. SOCIETY'S**

**DHONDUMAMA SATHE HOMOEOPATHIC MEDICAL COLLEGE, PUNE 4**

FP NO. 23, OFF KARVE ROAD, PUNE 411 004.  
Tel. No. 25448634 Ext. 205 / 204 Ms. Sonali



**FORM FOR APPLYING FOR BHM&S ADMISSION 2005-2006**

NAME OF THE APPLICANT	
ADDRESS (PERMANENT)	
TELEPHONE / MOBILE	
E-MAIL ADDRESS	
DATE OF BIRTH	
NAME & ADDRESS OF THE LOCAL GUARDIAN	
EMAIL & TEL. OF THE LOCAL GUARDIAN	E-MAIL _____ TEL NO. 020 - _____
MOBILE OF THE LOCAL GUARDIAN	
<p>I WANT TO CLAIM CONSTITUTIONAL RESERVATION AS (PLEASE TICK THE APPROPRIATE BOX AND PLEASE ATTACH CASTE VALIDITY CERTIFICATE)</p> <p> <input type="checkbox"/> SC    <input type="checkbox"/> ST    <input type="checkbox"/> VJ    <input type="checkbox"/> NT 1    <input type="checkbox"/> NT 2    <input type="checkbox"/> NT 3    <input type="checkbox"/> OBC  <input type="checkbox"/> NOT APPLICABLE </p>	
<p><b>ATTESTED CERTIFICATE ATTACHED : (PLEASE TICK MARK)</b></p> <p>1 MH-CET MARK LIST (A) <input type="checkbox"/> SML NUMBER (B) <input type="checkbox"/> MARKS OBTAINED</p> <p>2 12TH MARK LIST</p> <p>3 10TH PASSING CERTIFICATE</p> <p>4 COLLEGE LEAVING CERTIFICATE</p> <p>5 NATIONALITY / DOMICILE CERTIFICATE</p> <p>6 PHYSICAL FITNESS</p> <p>7 GAP CERTIFICATE (TRANSFERENCE OR AFFIDAVIT)</p> <p>8 CASTE CERTIFICATE / CASTE VALIDITY CERTIFICATE</p>	

**\*Tuition Fees as prescribed by the Authorities or Shikshan Shulka Samiti from time to time.**

**Note : Amounts once paid will not be returned**

DATE : \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
(Student)

SIGNATURE \_\_\_\_\_  
(Parent)

SIGNATURE \_\_\_\_\_  
(Local guardian)

Phone \_\_\_\_\_ E-mail \_\_\_\_\_