

# FR MULLER HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

(Affiliated to Rajiv Gandhi University of Health Sciences, Recognized by the central Council of Homoeopathy, New Delhi)

**(A Unit of Father Muller Charitable Institutions)**

**University Road, Deralakatte post, Mangalore – 574160**

Phone: 0824- 2203901 Ext 115 Fax: 0824 -2203904, 2436661

(Christian Minority Institution)

## **FORM OF APPLICATION FOR ADMISSION TO M.D (Hom) COURSE**

**APPLICATION NO.**

From,

(IN BLOCK LETTERS)

.....

.....

.....

.....Pincode.....

Phone.....

Mobile: .....

E-mail:.....

**Affix here your  
latest Photograph**

To:

The Admission Officer

**FATHER MULLER HOMOEOPATHIC MEDICAL COLLEGE**

**UNIVERSITY ROAD, DERALAKATTE, MANGALORE - 574160**

Dear Sir,

I am enclosing herewith an application form duly completed for admission to the college

I have read the Prospectus, the Rules and the Procedure of Admission and I am ready and will to abide by them.

Attested copies of Certificates/ testimonials are enclosed as stated below: (Refer Prospectus)

1. ....

2. ....

3. ....

4. ....

5. Subject Preferred: 1. .... 2.....3. ....

Place : .....

Yours Faithfully

Date : .....

.....

Signature

## APPLICATION FORM : STUDENTS

NAME IN FULL (BLOCK LETTERS): .....

PERMANENT ADDRESS: .....

.....

.....Pin Code .....Tel No:

.....

ADDRESS TO WHICH CORRESPONDENCE HAS TO BE SENT:

.....

.....

.....Pin Code .....Tel No. ....

NAME AND ADDRESS OF LOCAL GUARDIAN (IF ANY) :.....

.....

.....Pin Code .....Tel No.....

NATIONALITY AND DOMICILE .....

### **BIO – DATA**

1. NAME\_\_\_\_\_

2. AGE and DATE OF BIRTH \_\_\_\_\_

3. RELIGION\_\_\_\_\_

4. HEIGHT/WEIGHT\_\_\_\_\_

5. COMMUNITY ( RC/CHRISTIAN/SYRIAN CATHOLIC) \_\_\_\_\_

(Tick whichever is applicable) F.C B.C O.B.C S.C S.T

6. STATUS: SINGLE/ MARRIED \_\_\_\_\_

7. VEG/NON VEG/ \_\_\_\_\_

8. HEALTH \_\_\_\_\_

9. HOBBIES \_\_\_\_\_

i) Age of Enrollment in the School \_\_\_\_\_

ii) Age of Passing II PUC \_\_\_\_\_

iii) School: Day/ Boarding \_\_\_\_\_ College: Day/Hostel\_\_\_\_\_

iv) Education financed by: Parents/Scholarship\_\_\_\_\_

10.FATHER'S Name: \_\_\_\_\_

Living/Died (State when & the cause of death) \_\_\_\_\_

Employed With Name and Address of the Firm/Co/Employer:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Designation\_\_\_\_\_Monthly Income Rs\_\_\_\_\_

11. MOTHER'S Name : \_\_\_\_\_ Age \_\_\_\_\_

Living/Died (State when & the cause of death):\_\_\_\_\_

Employed with : Name and address of the Firm / Co / Employer : \_\_\_\_\_

Designation: \_\_\_\_\_ Monthly Income Rs. \_\_\_\_\_

## 12. SIBLINGS:

Brothers & Sisters (Use additional sheets if needed)

	1	2	3	4
Name :				
Age:				
Sex :				
Education				
Employed with				
State of Health				

## ACADEMIC RECORD

Note: 1. Submit certified copies of all Mark-Lists.

2. Indicate prizes and scholarships won and submit certificates in support.

3. Indicate number of attempts in each subject.

I BHMS	Institution School/ College University Board	Year/ Attempt	Subjects	Marks Obtained	Maximum
			<b>GRAND TOTAL</b>		

II BHMS	Institution School/ College University Board	Year/ Attempt	Subjects	Marks Obtained	Maximum
			<b>GRAND TOTAL</b>		

III BHMS	Institution School/ College University Board	Year/ Attempt	Subjects	Marks Obtained	Maximum
			<b>GRAND TOTAL</b>		

IV BHMS	Institution School/ College University Board	Year/ Attempt	Subjects	Marks Obtained	Maximum
			<b>GRAND TOTAL</b>		

**CO-CURRICULAR ACTIVITIES**  
**Please give details of the following**

Note : 1. Indicate prize won / if you have represented the School / College / University.  
Attach testimonials in support.

2. Indicate your interest in these, by the following:

Good (G); Fair (F); Casual (C); and Active (A) Observer (O)

1. Scout- Guide/A.C.C .....  
.....
2. N.C.C.....  
.....
3. Games .....  
.....
4. Sports / Gymnastics / Hiking .....  
.....
5. Elocution / Debating .....  
.....
6. Dance / Drama / Music .....  
.....
7. Drawing / Painting / Photography .....  
.....
- 8 .Any other (Like Social / Service).....  
.....  
.....