

FOR OFFICE USE

- (i) % of Marks in 10+2.....
(Phy., Chem., Bio.)
- (ii) Category.....
- (iii) Eligibility.....
- Checked by.....

UNIVERSITY OF DELHI
(FACULTY OF HOMOEOPATHIC MEDICINES)

*6th Floor, V.P. Chest Institute Building,
University of Delhi, Delhi – 110 007*

**APPLICATION FORM FOR ADMISSION TO
BHMS COURSE
FOR THE SESSION 2015-2016**

**Timing: Monday to Friday 9:30 A.M. To 3:00 P.M.
on 31/07/2015**

Recent passport
size attested
photograph of the
applicant

**Note: No application form will be accepted after
31/07/2015**

Please fill in the form in your own handwriting. Read the Bulletin of Information carefully before filling up the form.

- Name (in Block Letters) _____
- Father's/Guardian's Name _____ Mother's Name _____
- Postal Address _____
_____ Telephone No. _____
- Permanent Address _____
_____ Telephone No. _____
- (a) Date of Birth

--	--

Day

--	--

Month

--	--	--	--

Year (b) Age as on 31.12.2015

--	--

Year

--	--

Month

--	--

Day
- Category: Please mention your category i.e. General/SC/ST/PH/CW/OBC:
- Address of the school last attended _____
_____ Year of joining _____
- Year of passing 10+2 Examination _____
- Write the language passed upto 8th/10th/12th: Hindi upto ____ Class, English upto ____ Class.
- Detailed marks in 10+2 or equivalent Examination:

Examination passed/ appeared	Name of University/Board	Year of passing	Roll No.	Subjects officered (in class XII th)	% in aggregate of Phy., Chem., Bio.

.....
FOR OFFICE USE

No

UNIVERSITY OF DELHI**(Faculty of Homoeopathic Medicines)***6th Floor, V.P. Chest Institute Building, University of Delhi, Delhi – 110 007*

Received application form from Sh./Ms..... on for admission to BHMS Course 2015-2016.

Dealing Assistant

11. Nationality _____
12. Occupation of Father _____ Designation _____
 Official Address _____ Telephone No. (O) _____
13. Occupation of Mother _____ Designation _____
 Official Address _____ Telephone No. (O) _____
14. Yearly income of the Guardian on whom you are dependent, if applicable _____
15. Educational Qualification (a) Father _____ (b) Mother _____
16. State/Union Territory of which the candidate is bonafide resident _____
17. If admission has been taken in BHMS Course earlier in Delhi University, please indicate the year of admission _____. The candidate who sought admission to BHMS Course earlier but failed to pass the 1st Professional Examination within the permissible chances will not be eligible for admission to BHMS Course 2015-2016.
18. Write 'YES' if you are in service, otherwise write 'NO'
 (In-Service candidates are required to submit NOC from Head of the Institution).
19. **Enclosed: Please tick (✓) which is applicable.**
1. Secondary School Certificate & its Marks Sheet ()
 2. Senior School Certificate & its Marks Sheet ()
 3. Separate Certificate of Date-of-Birth, if it is not shown in the certificate (1) above ()
 4. Character Certificate from the Head of the Institution last attended (*Not older than six months*) ()
 5. Hindi Certificate (Marks Sheet) for all candidates upto 8th/10th/12th standard applying for BHMS Course ()
 6. Certificate of SC/ST/PH category ()
 7. Entitlement Certificate for CWWAPP category ()
 8. OBC Certificate ()
- Note: Please mention the total number of enclosed certificates/ documents relating to above ()**
20. Enrolment No. of the University of Delhi, if any _____

Signature of the candidate

UNDERTAKING

1. I declare that the facts stated above are correct to the best of my knowledge and belief.
2. All the copies of testimonials, attached with this form, are submitted by me at the time of filling of this admission form.
3. I agree to submit myself, after admission, to the disciplinary jurisdiction of the Vice-Chancellor and several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Statutes, the Ordinance and the Rules that have been framed there under by the University of Delhi, Nehru Homeopathic Medical College.
4. If any document submitted by me along with the application form is found fake/ forged, I will be held responsible for consequences including police/ legal action.
5. I _____ S/o/D/o Sh. _____ hereby take admission in BHMS degree course in Nehru Homoeopathic Medical College, New Delhi with the clear understanding that I shall be pursuing studies in the system till successful completion of the said course.

Signature of the candidate

Signature of Father or Legal Guardian: _____

Date _____

Place _____

TO WHOM IT MAY CONCERN

1. Certify that Sh./Ms. _____ S/o / D/o _____ has been a regular student of this school from _____ to _____ (_____ years).
2. Certified that Sh./Ms. _____ has studied 11th & 12th classes in this school.
3. He/She has appeared/passed 10+2 examination in the year _____ conducted by the _____ (Name of the Board).
4. He/She bears a good moral character.
5. This school is recognized by _____ (Name of the Board/Authority).
6. Whether the school is situated within the National Capital Territory of Delhi. Yes _____ No _____
{Please Tick (✓) which is applicable}
7. Date of Birth as per school record _____

Date _____

Signature of the Principal with Seal

Note:-This Certificate must have attested (in original) by the school of the Principal with Seal where the candidate has studied 11th & 12th Classes as regular student, failing which, your application Form will be treated as cancelled without any further reference to the matter.