

No.

<b>FOR OFFICE USE</b>
(i) % of Marks in 10+2..... (Phy., Chem., Bio.)
(ii) Category.....
(iii) Eligibility.....
Checked by.....

**UNIVERSITY OF DELHI**  
**(FACULTY OF HOMOEOPATHIC MEDICINES)**  
**6th Floor, VPCI Building, Delhi-110007**

**APPLICATION FORM FOR ADMISSION TO**  
**BHMS COURSE**  
**FOR THE SESSION - 2010-11**

Timings : Monday to Friday 9.30 A.M. To 3.00 P.M.  
on 22.06.2010 : till 5.00 p.m.

Recent passport size attested photograph of the applicant
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>

 (b) Age as on 31.12.2010 

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>
- Category: Please mention your category i.e. General/SC/ST/PH/CWWAPP/OBC : 

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- Address of the school last attended \_\_\_\_\_  
\_\_\_\_\_ Year of joining \_\_\_\_\_
- Year of passing 10+2 Examination \_\_\_\_\_
- Write the language passed upto 8<sup>th</sup>/10<sup>th</sup>/12<sup>th</sup>: 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 offered	% in aggregate of Phy., Chem., Bio.

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No.

**UNIVERSITY OF DELHI**  
**(Faculty of Homoeopathic Medicines)**  
**6th Floor, VPCI Building, Delhi-110007**

Received application form from Sh./Ms. .... on .....  
for admission to BHMS Course – 2010-11.

**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 1<sup>st</sup> Professional Examination within the permissible chances will not be eligible for admission to BHMS Course-2010-11.
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 (in original) from the Head of the institution last attended (Not older than six months) ( )
- (5) Hindi Certificate upto 8<sup>th</sup> standard for BHMS Course for purpose of award of Degree ( )
- (6) Certificate of SC/ST/PH category ( )
- (7) Entitlement Certificate for CWWAPP category ( )
- (8) OBC Certificate.
- (9) Medical Fitness Certificate (in original) ( )

**Note : Please mention the total number of enclosed certificates/ documents relating to above ( )**

20. Enrolment No. of the University of Delhi, if any\_\_\_\_\_

**21. Declaration :**

I hereby declare that I will undergo compulsory Hindi Test conducted by University of Delhi to be eligible for award of Degree (if applicable).

.....  
Signature of the Candidate

**UNDERTAKING**

- I declare that the facts stated above are correct to the best of my knowledge and belief.
- All the copies of testimonials, attached with this form, are submitted by me at the time of filling of this admission form.
- 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 thereunder by the University of Delhi, Nehru Homeopathic Medical College.
- 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.
- 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 11<sup>th</sup> & 12<sup>th</sup> 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 Principal of the school 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.**

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### Certified that the application form is in order/rejected

The ground of rejection is \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percentage of the candidate is \_\_\_\_\_

His/her rank in the merit is \_\_\_\_\_

1. Name of the Member \_\_\_\_\_ Signature \_\_\_\_\_

2. Name of the Member \_\_\_\_\_ Signature \_\_\_\_\_

3. Name of the Member \_\_\_\_\_ Signature \_\_\_\_\_