

Sl.NO.....

UNIVERSITY OF DELHI
(Faculty of Homoeopathic Medicine)
6th Floor, VPCI Building, Delhi – 110007
SESSION 2015-2018

FOR OFFICE USE	
(i) Aggregate Marks in BHMS Course	
(ii) Whether employed.....	
Checked	Verified

Recent passport size self attested photograph of the applicant
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(i) APPLICATION FOR ADMISSION TO POST GRADUATE DEGREE COURSE IN HOMOEOPATHY

- (i) Practice of Medicine
- (ii) Organon of Medicine & Homoeopathic Philosophy

IMPORTANT INSTRUCTION:

- (i) Please read the Bulletin of Information carefully before filling the application form.
- (ii) Application must reach in the office of the Joint Registrar (Medical), Faculty of Homoeopathic Medicines, 6th Floor, VPCI Building, University of Delhi, Delhi – 110007, on or before 24/08/2015.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN OWN HANDWRITING

1. Full name in block letters Dr.(Ms./Mr.).....
2. Father's Name.....
3. Mother's Name.....
4. Date of Birth.....
5. Nationality.....
6. Write OBC/SC/ST/PwD if you belong to that category, otherwise write General
7. State to which belongs.....
8. University Enrolment No.....
(In the case of Delhi University candidates only)
9. Present Occupation.....

Please furnish the following details if the applicant is/was in service after completion of internship:

Sl.No.	Designation	Date of appointment		Department	Institution
		From	To		
1.					
2.					
3.					

FOR OFFICE USE

Sl. No.

UNIVERSITY OF DELHI
(Faculty of Homoeopathic Medicine)
6th floor, VPCI Building, Delhi - 110007

Received an application form for admission to Postgraduate Degree Course in Homoeopathic Medicine for the session 2015-18 from Dr.....date.....

Dealing Assistant

10. Information regarding previous Entrance Tests conducted by University of Delhi for Post-graduate (Degree) Courses:

- (i) Have you accepted a seat based on the result of the Test(s)?: Yes/No,
- (ii) If yes, mention details:

Year of Test	Name of Course	accepted/Joined	Name of College/Institution
2012	_____		
2013	_____		
2014	_____		

11. Are you already pursuing any course as on date of filing the application form (Yes/No), if Yes, please mention:

- (i) Name of the course: _____ (ii) Date of Joining of the course: _____
- (iii) Name of College/Institution: _____ (iv) Name of University _____

12. If you are already pursuing Postgraduate Degree Course from any other University, please mention the name of the Course and date of joining the Course Institution

.....

13. Permanent Address.....

.....

14. Local Address.....

.....

Telephone No.(if any) Residence.....Mobile.....Office.....

NB: Any change in address should in invariably be communicated to this office.

DETAILS OF THE EXAMINATION PASSED

Sl. No.	Examination Passed	Name of University	Year of Passing	Roll No.	Marks Obtained	Max. Marks	Percentage %	Whether Recog. By CCH
1.	Higher Secondary/ Senior School Certificate Exam.							
2.	Total marks secured in I Prof. BHMS							
3.	Total marks secured in II Prof. BHMS							
4.	Total marks secured in III Prof. BHMS							
5.	Total marks secured in IV Prof. BHMS							
6.	Aggregate Marks in BHMS							

15. Date of admission to BHMS Course
16. Date of passing the Final BHMS Examination
17. Name of University from where the BHMS Examination Passed
18. Percentage of aggregate marks in all four professional examinations.....
19. Duration of BHMS Course.....
20. Date of completion of internship.....
21. Duration of internship
22. Duration of the course with internship Years Months.....
23. Registration with State Council/Board of Homoeopathic System of Medicine.....

Self attested copies of the following documents should be attached with the application form in the order as given below:

1. High School/Higher Secondary Certificate for verification of date of birth.
2. Certificate in support of educational qualification BHMS Degree.
3. Detailed marks sheet of all Professional Examinations in BHMS Degree.
4. The compulsory rotating internship certificate in recognized Hospital.
5. BHMS Examination attempt Certificate.
6. Employer's Certificate and a No Objection Certificate (NOC), if employed (as given in the application form).
7. Registration Number with State Council/Board of Homoeopathic of Medicine.
8. SC/ST/OBC/PwD Certificate, if applicable.

Date:

Signature of the Candidates

Name Dr.(MS./Mr.).....

Address

.....

DECLARATION BY THE APPLICANT

1. I, hereby, solemnly and sincerely affirm that the statement made and information furnished by me in the application form is true and correct. I have not concealed any information. If any information furnished, herein, is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution, and I also agree to forego my seat in Post-Graduate Degree Course. Further I am liable to be punished by the University and the selection and admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations governing the Examination as contained in the Bulletin of Information.
2. In case I fail to join the course offered to me and accepted by me within the prescribed date, my selection / registration to the course(s) be treated as cancelled.
3. I undertake that in the event of my admission to any Degree course I will not apply for or accept admission to any course in any University / Institution till I complete the course to which I am admitted on the basis of this application. I further undertake that in the event of my resigning the course concerned to which I am admitted, I will not appear in the next and subsequent Entrance Tests, till the duration of the course concerned is over.
4. I undertake that in the event of my selection for a Post-Graduate Degree Course, I shall deposit all my original certificates along with a Surety Bond of Rs.5 lacs. In the event of (i) my not joining the course at the allotted institution on or before the stipulated date (ii) leaving the course before its completion and (iii) cancellation /termination of my admission /registration by the University on account of unsatisfactory performance/ conduct/discipline, I with deposit a sum of Rs.5 lacs in the institution where I am enrolled to redeem my original certificates.
5. I agree to undergo to the said course on full-time basis and shall not engage myself in practice or any part-time/ full-time job during the period of the course and if I do so, my name may be removed from the rolls of the University.
6. I am aware that the University can remove my name from its rolls in case my work is not reported satisfactory by my Supervisor/ Head of the Institution.
7. On admission, I shall submit myself 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 Ordinances, the rules and regulations that have been framed by the University from time to time.

Signature of the Candidate

Name Dr.(Ms./Mr.).....

Dated:

Address.....

.....

**EMPLOYER'S CERTIFICATE FORM FOR CANDIDATES
WHO ARE IN SERVICE**

I am forwarding herewith, the application for admission to the post-graduate Degree Course in Homoeopathy in respect of Dr./Mr.Ms. _____ who is a full-time employee in this organization w.e.f _____ and has been working as _____ (please give designation) and his/her emoluments, including D.A., C.C.A and H.R.A. etc are Rs. _____.

If he/she is selected by the University for admission, he/she will be relieved to join the above course as a full-time/ regular student in the institution assigned to him/her by the stipulated date of joining the course concerned.

Note: The relieving certificate will also be sent to the University before the candidate joins the course concerned by the stipulated date.

Dated: _____

Signature of the Officer
Name and Designation with office seal

Sl. No.

**UNIVERSITY OF DELHI
(Faculty of Homoeopathic Medicine)**

**ADMISSION TICKET FOR
POST GRADUATE ENTRANCE TEST (HOMOEOPATHY)
PGMET(H) EXAMINATION 2015-2018**

**Date of Entrance Examination 12/09/2015
Reporting Time: 09:30 A.M.**

**Recent
Passport size
photograph of the
applicant (Without
Attested)**

Roll No.

Examination Centre

To be filled by the candidate in his/her own handwriting

Name (IN BLOCK LETTERS)

Father's Name

Signature of the Candidate

Name of the candidate.....

Address (Postal).....

.....

Joint Registrar
Faculty of Homoeopathic Medicine

Please see Overleaf

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Sl. No.

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Signature of the Candidate

Name of the candidate.....

Address (Postal).....

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Joint Registrar
Faculty of Homoeopathic Medicine

Please see Overleaf

Note: Candidates are admitted to the examination under conditions laid down in the Ordinance and Regulations of the University. Attention is particularly drawn to the Code of Conduct for Examinees, Directions to the Candidates for Examinations and Ordinance X, X-A & X-B laying down the General Rules for the Examination etc are given in the Bulletin of Information.

Each candidate must show his/her "Admission Ticket" to the Superintendent of the Examination Centre for admission to the Examination Hall and may be required to produce the same at any time during the course of examination.

Admission of the candidate to the entrance examination is provisional subject is his/her being found otherwise eligible for admission to the course concerned.

If ineligibility of a candidate is detected at any stage before or after examination/ declaration of result, his candidature/admission will be cancelled without any notice.

In case, any candidate is found to have furnished false information or certificate etc. or is found to have withheld or concealed any material information in his/her application, he/she will be debarred from admission.

Cellular Phone /Pager etc. is strictly prohibited in the Examination Hall.

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