



WHITE MEMORIAL HOMOEOPATHIC MEDICAL COLLEGE

ATTOOR, VEEYANNOOR (PO-629 177),

KANNIYAKUMARI DISTRICT,

TAMIL NADU, INDIA

(Affiliated to The Tamilnadu Dr. M.G.R. Medical University-Chennai)

&

(Recognised by the Central Council of Homoeopathy, New Delhi)

APPLICATION FORM FOR I BHMS ADMISSION

1. Name in Block letters

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(as in: S.S.L.C)

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2. Sex:

Male	Female
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Affix Passport
Size Photo

3. Age & Date of Birth

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(In Christian era) :

4. Contact Number : Mobile

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Parent's Mobile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Address for Correspondence :

Pin Code: _____

6. Permanent Address :

Pin Code: _____

7. (a) Father's Name & Occupation :

(b) Mother's Name & Occupation :

(c) Local Guardians Name & Details with Address :

(d) Local Guardians Mobile No:

8. Nationality : Indian Others: _____

9. State : Tamil Nadu Others: _____

10. Mother Tongue : _____

11. Religion : _____

12. Caste & Community : _____

BC	OBC	MBC	OC	SC/ST	OTHERS
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13. Marital Status :

Married	Unmarried
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14. Physically Challenged : Yes/ NO

15. Qualification & Details :

Name of the Qualifying Exam Passed	Subjects	Marks Obtained	Maximum Marks	% of Marks	Year of Passing with Reg. No.
	Physics				
	Chemistry				
	Botany				
	Zoology				
	Biology				
Total					

16. Name of the School Last Appeared :

(a) Place :

(b) University Board :

17. Have you obtained Certificate of the NCC/NSS: Yes / No

(If yes

(a) Certificate Obtained :

(b) Rank granted :

18. Extra Curricular activities in your school level :

19. Did you get any scholarship / Award or
Certificate of merit for academic distinction
in your School? If yes give details :

20. Do you intend to stay in Hostel : Yes / No

DECLARATION BY CANDIDATE

I hereby declare that the application form has been filled by my own hand and the information given by me in the application is correct to the best of my knowledge and belief. I further declare that I have read the rules given in the prospectus and that if admitted I shall abide all the Rules and Regulations of the College and College authorities for my Conduct, Discipline and Studies.

Place :

Date :

Signature of Applicant

DECLARATION BY THE FATHER / GUARDIAN

I hereby declare that I hold myself responsible for the payment of all dues (i.e. Tuition fees, Rents, Transportation and other charges) payable in respect of my Son/ Daughter / ward Name _____ during _____ the period of his / her BHMS and thereafter until the accounts are cleared.

Place :

Date :

Signature of Father / Guardian

ENCLOSURES

S.S.L.C. Mark Sheet			
H. Sc. Mark Sheet			
NEET Score Card			
Community			
Migration			
Income			
TC			
Conduct			
Others			
Photo (3)			
Aadhar Card Xerox			
Bank Bass Book Xerox			

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OFFICE USE ONLY

Verifying Officer : _____

Approval by the Principal : _____