

**ASSOCIATION OF MANAGEMENT OF HOMOEOPATHIC
MEDICAL COLLEGES OF MAHARASHTRA**

Office : C/o AMUPMDC, Mezzanine Floor, Shreeji House , 75 Mint Road, Fort, Mumbai 400 001

**Application For The First Year Degree Course
In Homoeopathy (B.H.M.S.) 2011-2012**

1. All the entries must be filled
2. Incomplete applications will not be considered
3. Application Must be accompanied with attested
4. Xerox copies and required certificates.

Photograph

I request you to kindly consider my candidature for admission to
1st YEAR BHMS of your institute.

I am submitting herewith all the necessary details.

1. Full Name : _____
(in capital letters beginning with surname)

2. Whether Male or Female : _____

3. Address in Full : _____

4. Phone No. With STD Code : _____

5. Mobile No. : _____

6. Date of Birth : _____

7. Place of Birth : _____

8. Do you possess Indian Nationality : _____

9. Category : _____

10. Qualification Details

Examination	Name of the Board	Month and year of Passing	P.C. B. Marks	Total Marks	Percentage
H. S. C.					

11. Marks obtained in CET

CET Exam.	State Merit No.	Marks	Out of
MHT-CET 2011			
ASSO-CET 2011			

Date :

Signature of Student