



# DEVKI MAHAVIR HOMOEOPATHIC MEDICAL COLLEGE & RESEARCH HOSPITAL

(Managed & Run by Vananchal Educational & Welfare Trust®,  
Approved by Central Council of Homoeopathy, New Delhi & N.O.C.  
by Nilamber Pitamber University, Medininagar, Jharkhand) Farathiya, Garhwa - 822 114

**(To be filled up by the candidate)**

## ADMIT CARD

Self  
attested  
Photograph

Name in full .....

Father's / Guardian's Name .....

Correspondence address .....

Identification Mark .....

Signature of the candidate

### (FOR OFFICE USE ONLY)

Roll No. .... Centre of Examination .....

Date ..... Time .....

Examination Controller



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Farathiya, Garhwa - 822 114

To,  
The Principal  
Devki Mahavir Homeopathic Medical College & Research Hospital,  
Farathiya, Garhwa, Jharkhand - 822 114

Self attested  
Photograph

1. Full Name of applicant (in Block Letters) \_\_\_\_\_
2. (a) Date of Birth \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
3. (a) Full Name of Father \_\_\_\_\_  
(b) Full Name of Mother \_\_\_\_\_  
(c) Father's Occupation \_\_\_\_\_
4. (a) Guardian's Name ( If other than parents ) \_\_\_\_\_  
(b) Relationship with Guardian \_\_\_\_\_  
(c) Guardian's Occupation \_\_\_\_\_
5. Correspondence Address \_\_\_\_\_  
\_\_\_\_\_  
State \_\_\_\_\_ Pin : \_\_\_\_\_ Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_
6. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
State \_\_\_\_\_ Pin : \_\_\_\_\_ Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_
7. Name of the Local Guardian If any with Address \_\_\_\_\_  
\_\_\_\_\_  
Pin : \_\_\_\_\_ Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_
8. Annual income of parent / Guardian \_\_\_\_\_
9. Sex \_\_\_\_\_ Religion \_\_\_\_\_ Nationality \_\_\_\_\_

10. Do you belong to (Tick which is applicable)

(a) Schedule Caste  (b) Scheduled Tribe  (c) OBC  (d) General  (e) Other

(enclose certificate for SC/ST/OBC from authority empowered)

11. Extra Curricular Activities, if any \_\_\_\_\_

(Enclose Certificate)

12. Name & Address of two responsible persons who know your character :

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

13. Name of State you belong to \_\_\_\_\_

14. Educational Qualification : (Enclose Xerox Copy of Certificates)

(a) Name of the qualifying examination \_\_\_\_\_

(b) Last Examination passed \_\_\_\_\_

(c) Details of Examination passed \_\_\_\_\_

Examination	Name of University of Board & Year of Passing	Division	Subject	Max. Marks	Marks Obtained	Total Marks
(a) Class Xth or equivalent Examination						
(b) Intermediate Science or Equivalent Examination			Physics			
			Chemistry			
			Biology			
			English			
(c) B.Sc. / Others						

15. Name of the School / College where last studied with year.

16. Registration No. of Board / University where last studied.

(a) Name of the Board / University \_\_\_\_\_

(b) Regd. No. & Year \_\_\_\_\_

17. List of enclosures attached (i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

**Full signature of candidate**



**MEDICAL CERTIFICATE OF FITNESS OF A CANDIDATE SEEKING ADMISSION IN  
THE DEVKI MAHAVIR HOMOEOPATHIC MEDICAL COLLEGE & RESEARCH HOSPITAL  
Farathiya, Garhwa - 822 114 (Jharkhand)**

1. The student is not suffering from any infectious disease like tuberculosis, Leprosy etc.
2. Eye - The eyesight should be corrected by glasses to give an acuity of vision of atleast 6/12.
3. Ear - He / She should have necessary acuity of hearing with the stethoscope and should not be completely deaf.
4. Legs and hands - He / She should not have complete deformity of Legs and Hands, so as to interfere with standing and working during surgical works.
5. His / Her Blood Group is \_\_\_\_\_.

I have examined Mr. / Miss / Mrs. \_\_\_\_\_

Son / daughter / wife of \_\_\_\_\_ today on \_\_\_\_\_

and certify that Mr. / Miss / Mrs. \_\_\_\_\_ is quite fit

for admission in **DEVKI MAHAVIR HOMOEOPATHIC MEDICAL COLLEGE & RESEARCH HOSPITAL**  
according to the criteria as mentioned above.

*Signature of Medical Officer*

**Full Name** \_\_\_\_\_

**Registration No.** \_\_\_\_\_

**Designation** \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

# DECLARATION BY THE CANDIDATE

I.....hereby declare that have filled up this application form myself and to the best of my knowledge and belief the above particulars are true and correct. I have filled up this application after reading all the instructions in the prospectus carefully, I am liable to be punished by expulsion from the Institute or any legal action may also be instituted against me for furnishing false information.

I undertake that so long as I am a student of the Institute / College. I will do nothing unworthy of a student either inside or outside of the institute or any thing that will interfere with its working and discipline. I am aware that the Management / Principal has full right to take any action against me including expulsion if my conduct found unsatisfactory.

Place \_\_\_\_\_

Date \_\_\_\_\_

*Signature of the Applicant*

# DECLARATION BY THE PARENT/GUARDIAN

I fully endorse the declaration made above by the Candidate, Besides, I hereby declare that I have known the financial obligation and I can afford to pay all the costs mentioned in the prospectus. I guarantee the good conduct and behaviour of my ward during the tenure of the candidate's period of studentship in the Institute.

Place \_\_\_\_\_

Date \_\_\_\_\_

*Signature of the Parent / Guardian*

# FOR OFFICE USE ONLY

Application No. \_\_\_\_\_

Admission Incharge

*Order of the Principal*

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# ACKNOWLEDGEMENT

Application No. \_\_\_\_\_

Received an application from Mr. / Miss / Mrs. \_\_\_\_\_

For admission to 1st yr. B.H.M.S. Course Session \_\_\_\_\_ on \_\_\_\_\_

Receiving Officer