



Kulswami Medical Foundation's
Anantrao Kanase Homoeopathic Medical College & Hospital, Alephata



Application Form for Admission: 1st Yr. BHMS Degree Course

Anti Ragging Undertaking Reference No.	
❖ Note:- 1. Kindly filled the form in Capital/ Block letters only. 2. Fill up all the required information correctly without overwriting. <u>(Following information will be send for University/ Official / Academic Purpose)</u> To, The Principal, Anantrao Kanase Homoeopathic Medical College & Hospital, Alephata.	
	<i>(Student's Signature)</i>

Respected Sir,

I would like seek admission for the 1st Yr. BHMS Degree Course in your college for Academic Year - _____ & I agreed to abide by the all rules & regulations of the college.

➤ **Personal Details:**

	Surname	First Name	Middle Name
Student's Name			
Student's Name (□□□□□)			
Father's Name			
Mother's Name			
Correspondence Address: <i>(Write Complete Postal details with Pin code)</i>			
	Taluka:	District:	Pin Code: <input type="text"/>
Student's Mo. No.	1)	2)	
Parents Mo. No.	1)	2)	
E-mail ID			
Date of Birth		Birth Place	
Marital Status		Blood Group	
Religion		Caste/ Sub caste	
Guardian's Occupation		Guardian's Annual Income	

Category:										
	SC	ST	OBC	VJ	NT-1	NT-2	NT-3	SBC	PH	Open

➤ **Academic Details:**

Exam	Name of School / College	Exam Board	Passing Month/ Year	Exam Seat Number	Mark Sheet Number	Total Mark Scored	Out of	Percentage	Grade
10 th									
12 th									

	Mark Scored	Out of	Percentile Score	All India Rank	Overall Rank	Category	Category Rank	
12 th std PCB Marks Details				NA	NA	NA	NA	
NEET								
Aadhar No.								
PAN No.				Voter ID :-				

In case of emergency, Contact numbers of close relatives :- (Give at least three contact details with relatives)			
Sr. No	Name of relatives	Relation with Students	Mobile Number
1.			
2.			
3.			

-: Declaration:-

We Undersigned hereby declare that information given by us in this application form is true complete & correct to the best of our knowledge & Belief. In any event if the above information is found false/ incorrect then the candidature will be permanently held rejected & we undersigned shall be solely responsible for it.

Place: _____

Date: _____

Student's Signature

Parent's Signature

Check List of Applicable Documents: (For Office use only)

- ✓ Submit the below said applicable documents in originals & three sets of attested Xerox's copied
 - ✓ To be tick marked only by the college officials after proper verification of the documents.
- | | |
|---|--|
| <input type="checkbox"/> College Leaving Certificate | <input type="checkbox"/> Caste Certificate (If applicable) |
| <input type="checkbox"/> SSC Mark sheet | <input type="checkbox"/> Caste Validity Certificate (If applicable) |
| <input type="checkbox"/> SSC Passing certificate | <input type="checkbox"/> Non- Creamy Layer Certificate (If applicable) |
| <input type="checkbox"/> HSC Mark sheet | <input type="checkbox"/> Migration Certificate (If applicable) |
| <input type="checkbox"/> NEET Mark sheet | <input type="checkbox"/> Academic Gap Certificate (If applicable) |
| <input type="checkbox"/> Domicile/Nationality Certificate | <input type="checkbox"/> Physical Fitness Certificate |

Form & Documents Verified by: (Name & Sign)

General Conditions

- a) Acceptance of the admission form does not mean admission to the Course or hostel is confirmed.
- b) Incomplete application form will not be considered.
- c) The applications not accompanied by relevant certificates will not be considered.
- d) Providing incorrect / false information or wrong marks for Admissions will lead to cancellation of admission.
- e) Any issue not dealt here in above will be dealt with when arising, Fully & finally by the College Principal.
- f) As per the provisions of Maharashtra Act XXXIII known as “Maharashtra Prohibition of ragging Act of 1999”, students indulging in ragging can be punished under the Act resulting in suspension, expulsion from the college and imprisonment.

I hereby declare that the above information provided by me is correct & true. If the information is found to be incorrect or false I will solely be responsible for it & will be responsible for the consequences.

Signature of Parent

Signature of Candidate

Date: - _____

Place : - _____