



KHARAGPUR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

(Recognised by National Commission for Homoeopathy, New Delhi and Affiliated to The West Bengal University of Health Sciences)

KAUSALLYA * KHARAGPUR * PASCHIM MEDINIPUR * WEST BENGAL * 721301

Web site: www.kharagpurhomoeopathicmedicalcollege.com

E-mail: kgphmch@gmail.com

Ph.No.03222-255695

APPLICATION FORM FOR ADMISSION

SESSION :20....- 20....

Roll No.....

(To be filled in and signed by the applicant)

1. Class in which admission is sought:PROFESSIONAL B.H.M.S.
2. Name in full (in block letter).....
3. Date of birth :....., Sex :....., Religion :.....
(Attested Xerox copy of the certificate to be attached)
4. Place of birth, Nationality :.....
5. a) Caste.....
b) Whether SC / ST / OBC ? if so mentioned the sub-caste:.....
(Attested Xerox copy of the certificate to be attached)
6. **Address:**
a) **Permanent Address:** Vill :P.O :
P.S. Dist:..... State:.....
PIN Code:.....
b) **Present Address in full :**.....
.....
c) Contact No.....
7. a) Father's Name and contact no.:.....
.....
b) Mother's Name:.....
c) Guardian's Name and Contact No.:.....
d) Relation with guardians:.....
e) Local guardian's Name and address:.....
.....
..... Contact No.....
f) Relationship with local guardian's.....
8. Whether married or single:.....
9. Whether it is a case of transfer and if so transfer certificate to be attached:.....
10. Council / University Registration No.....
11. University Registration fee / Bank Draft No.....
12. Whether it is a case of Migration if so Migration Certificate to be attached.....
13. Occupation and approximate annual income of guardian.....

14. Examination Passed:

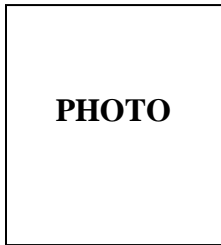
Examination	School /College	Year of Passing	Board/Council	vRoll No.	Availed the Chance	Subject Taken

15. Xerox Copies of Certificate and testimonials duly attested to be attached

- a)
- b)
- c)
- d)
- e)
- f).....

Declaration

I hereby promise if admitted, to abide by the rules and regulations of the college maintain discipline and obey such orders as be issued from time to time by the college authority.



Signature of the applicant
Date.....

We hereby declare that the particulars given above are true.

We agree that the decision of the college authority in regard to selection and admission into the above college will be accepted by us.

Signature of the Guardian

Signature of the local Guardian

Signature of the applicant

(FOR OFFICE USE)

Sl. No. Application:

Date of Admission:

Order regarding admission:

Date.....

Principal
Kharagpur Homoeopathic
Medical College & Hospital

