

People's Education Society & Trust's

A.M. SHAIKH HOMOEOPATHIC MEDICAL COLLEGE, HOSPITAL, P.G. & RESEARCH CENTER

Shaikh Campus, Nehru Nagar, Belgaum - 590010 Website: www.pestbgm.org Email : info@sgibgm.org Tel: 0831-2473253 (Extn 287) Fax: 2494555

STICK YOUR PHOTO HERE

FORM NO:

APPLICATION FOR ADMISSION

INSTRUCTION: FORM SHOULD BE FILLED ONLY IN CAPITAL LETTERS		
AMSC/U /		
COURSE B H M S YEAR F I R S T		
NEET REG. NO. (Enclose result sheet of NEET exam) NEET SCORE		
NEET RANK YEAR OF PASSING D D M M Y Y Y		
FIRST NAME OF STUDENT		
FATHER'S NAME		
SURNAME		
MOTHER'S NAME		
BLOOD GROUP OF THE STUDENT DATE OF BIRTH D D M M Y Y Y Y GENDER M F		
MOTHER TONGUE:		
RELIGION: CASTE: CATEGORY CATEGORY		
COMMUNICATION ADDRESS		
PIN PIN		
DISTRICT		
STUDENT MOBILE NO. E-MAIL		
PERMANENT ADDRESS		
PIN		
DISTRICT STATE		
STUDENT AADHAR NO. STUDENT PAN No.		
PARENT'S / GUARDIAN'S MOBILE: EMAIL		
QUALIFICATION OF FATHER MOTHER		
OCCUPATION OF FATHER MOTHER MOTHER		
ANNUAL INCOME OF PARENT / GUARDIAN: Rs. PER ANNUM		
PREVIOUS EXAMINATION DETAILS:		
EXAMINATION PASSED BOARD NAME MONTH & YEAR MAX MARKS OBTAINED MARKS %		
ELIGIBILITY DETAILS PUNCIOS / CUENICTRY / PIOL COY MAY MARKS.		
PHYSICS / CHEMISTRY / BIOLOGY MAX MARKS: MARKS OBTAIN: %:		
PREVIOUS COLLEGE		
REFERRED BY ①		

Admission fees Paid Rs./-		
Date: DDMMYY		
Account Details:		
A/c Holder Name:	Bank Name:	
A/c No. Brand	ch: IFS Code:	
INSTRUCTIONS TO THE APPLICANT Fees once paid will not be refunded under any circumstances Necessary fees as prescribed by the Govt. of Karnataka / Management Should be paid along with this form at the time of admission. It is the responsibility of candidates / parents / guardians to submit necessary documents, we cannot be held responsible for consequences, if any certificate is not submitted along with the application		
DECLARATION BY THE CAND	IDATE & PARENT / GUARDIAN	
 I shall attend all the classes / test conducted by the college, failing which any disciplinary action as may be deemed fit may be imposed upon me. I/ We will abide the rules and regulations of the college & society. I/We will not do anything against the interest of the college/management directly/indirectly. I/We have read carefully, all the instruction given in the admission form and acknowledge them as correct to the best of my knowledge for admission to specified course in this college. I/We have no objection to my / our ward taking admission. I/We will be responsible for all the financial transactions. I/We will not bring any political or other pressure in to administrative procedures of the college. I/We further undertake to assure you that the payment of fees of subsequent academic year / semester shall be paid within 15 days of commencement of the academic session. I/We are aware that delay in payment of fees shall attract fine or appropriate actions I/We have read and understood the above instructions. The above information furnished by me is correct to the best of my knowledge. Student seeking admission to 1st Year BHMS Course are admitted provisional subject to the final approval by the Registrar, RGUHS, Bengaluru. Place: D M M Y Y Signature of the Candidate Signature of the Parent / Guardian 		
REFERENCES		
Name & Address	Name & Address	
Signature with date	Signature with date	
Verified by :	Signature with date	
FOR OFFICE USE ONLY		
Date of reciept of application DDDMMMYY Unique Student NoAMSC/U		
Certificates Received (Orginals):		
a) S.S.L.C./Xth Std. Marks Card b) PUC II/10+2 / B.Sc - I/II/III/IV Marks Cards c) Leaving/Transfer Certificate		
d) Income & Caste Certificate e) Migration Certificate f) Eligibility Certificate g) ID & Address Proof		
h) NEET/CET Admission Order i) Undertaking on bond paper of Rs. 20/- j) Photos: ID Size 3, Stamp Size 2		
k) NEET Result Signature of Unit Receiving Clerk		
Date: D D M M Y Y Admitted / Not Admitted.		