



G.D. Memorial Trust's
G.D.MEMORIAL HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

EAST RAMKRISHNA NAGAR, PATNA 800027
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RECOGNISED BY C.C.H., NEW DELHI & GOVT. OF BIHAR
AFFILIATED TO DR. B.R. AMBEDKAR BIHAR UNIVERSITY, MUZAFFARPUR

APPLICATION FORM

To
The Principal
G.D. Memorial Homoeopathic Medical College & Hospital,
East Ram Krishna Nagar,
PATNA 800027

Sir,
I, undersigned beg to apply for admission to the sessionof M.D. (Hom.) in your college as a Regular student in the subject in order of preference given below.

I hereby undertake to abide all the rules and regulations of the college, if I am admitted to the course. The particulars are given below and the list of documents on the back of this application.

Table with 4 columns: Subject, Preference, Subject, Preference. Rows include Materia Medica, Organon & Hom. Philosophy, Repertory, Practice of Medicine, Pediatrics, Psychiatry, Pharmacy.

1. Full Name of the Candidate (in Block Letters) : [Grid]

2. Father's/Guardian's Name (if Father is not Guardian) : [Grid]

3. Mother's Name : [Grid]

4. Address for Correspondence with PIN Code and State : [Grid]

5. Permanent Address with PIN and State [Grid]

6. Telephone Number [Grid] Mobile Number [Grid]

7. E-mail ID [Text Box]

8. Date of Birth : Day [Grid] Month [Grid] Year [Grid]

9. Gender : [Text Box]

10. Marital Status : [Text Box]

11. Whether Schedule Caste / Schedule tribe / OBS / General [Text Box]

