Form	Nο			



## G.D. Memorial Trust's

## G.D. Memorial Homoeopathic Medical College & Hospital

East Ramkrishna Nagar, Patna - 800 027
Ph. (0612) 2380773, 0-9308287153, Fax-(0612) 2382698, Website: www.gdmhmch.com.
Recognised by: C.C.H., New Delhi & Govt. of Bihar
Affiliated to Dr. B.R. Ambedkar Bihar University, Muzaffarpur

## **APPLICATION FORM**

То																					
10	The Principal G.D. Memorial Homoeopathic Me East Ram Krishna Nagar Patna - 800 027	dica	l Col	lleg	je 8	k Ho	spi	ital													
Sir,																					
	I, undersigned beg to apply for ad	mis	sion	to t	he	ses	sio	n									F	3HN	MS (	Cou	ırse
in yo	our college as a Regular student.																				
	I, hereby undertake to abide all the	e rul	es ar	nd r	reg	ulat	ion	s of	the	col	lege	e, if	lam	n ad	mit	ted	to th	ne c	our	se.	The
part	iculars are given below and the list of d	ocu	men	ts o	n th	he b	acl	k of	this	app	olica	atior	١.								
1.	Full Name (IN BLOCK LETTER) DR.																				
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2.	PermanentAddress & Phone		Т																		
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3.	Present Address & Phone		Т	Т																	
	(Present Postal address)																Ш			Ш	
		$\Box$	$\overline{}$	_	_												=		_	_	
4.	Date of Birth																				
5.	Father's/Guardian's Name		Т	Т																	
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6.	Mother's Na me																				
7.	Name of Institution last attended			Т																	
	University/Board/Council &		<del> </del>	_	_					_							닏	Ш	<u></u>	닏	Щ
	Year of Passing																				
8.	Nationality	 l	Relia	aior	 								Cas	ste							
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9.	Class obtained																				

10. Details regarding the examinations passed

Name of Examination	Name of University of Board	Year and month of Passing	,	Fotal Marks & Marks obtained	Name of School or College
Matriculation					
I.Sc. or its equivalent					
B.Sc.					
Any other					

## **DECLARATION**

I, Drhereby declare that statement made he my knowledge. I also undertake to see that I shall abide all the rules and regulation responsible for the payment of all prescribed amount. I shall be responsible, if my reason by the university.	on of your Institution. I shall be
	Signature of Candidate
FOR OFFICE USE ONLY	
The application of Dradmitted/rejected.	has been
	PRINCIPAL
CERTIFICATES REQUIRED WITH APPLICATION FORM:	
Selection letter	
HSC (XII Standard) or equivalent marks sheets	
Transfer Certificate	
Migration Certificate	
Nationality Certificate	
SSC Certificate	
Date of Birth proof certificate	
Physical fitness certificate	
Caste certificate (for SC/ST OBC students)	
Character Certificate from previous school.	
Four Photograph	

- Your eligibility is subject to confirmation from the University Authorities.
   In case of any dispute, the Patna High Court, Patna will have entire jurisdiction.
   Demand Draft of Rs. 500/- in favour of "G.D. Memorial Homoeopathic Medical College & Hospital" payable at Patna, along with downloaded application form.