



BUDDHA EDUCATION SOCIETY & TRUST (R)
BHAGAWAN BUDDHA HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL



(Approved by Government of Karnataka, Department of AYUSH,
 Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka,
 Recognized by Central Council of Homoeopathy (CCH), Govt. of India, New Delhi)

No. 103/6, 40 Feet BDA Road, NGEF Layout, Near Vinayaka Temple,
 Mallathalli, Bangalore - 560 056. Ph: 080-23217944 / 47.

E-mail ID : bbudhahmc_96@yahoo.in Website : www.bbhmc.in

Application for Admission to 1st BHMS Course for the year _____

INSTRUCTION TO CANDIDATE BEFORE FILLING IN THE APPLICATION FORM

1. Candidate should fill in the application with his/her own handwriting.
2. Application should accompany with relevant Xerox copies of documents attested by a gazetted officer or Notary.
3. 6 sets xerox copies of all documents.
4. Recent 6 passport & 6 stamp size photographs of the candidate with his/her name and signature should be affixed behind the photograph.
5. Photographs should be placed in a small envelope and attached to application before handing it over to the office. Name of the candidate with his address should be intimated to college office.
7. Applications will be rejected if signatures are not obtained by competent authorities wherever specified in the application form.
8. Physical fitness certificate should be enclosed with Application Form. A medical officer not below the rank of Surgeon / Physician.
9. This application reflects you, if selected you will be a responsible person of the society. All the informations furnished are of utmost importance. You will be personally held responsible for any discrepancies. The college will not be responsible of such discrepancies.

1. Name of the Applicant (in Block Letters) :

Sex : Male / Female :

Marital Status :

2. Date of Birth & Age as on 31.12.20_____ :

3. Place of Birth : Taluk, District & State :

(A) :

(B) :

(C) :

4. Name of Father/Mother/Guardian* Father :

Mother :

(*Wherever Applicable) Guardian :

A) Occupation of Father/Mother/Guardian :

B) No. of Brothers & Sisters :

C) Total Annual Income of the family Rs. :

(From all sources)

5. Nationality :

A) Religion :

B) Mother Tongue :

C) Caste :

D) State whether belonging to

GEN/OBC/SC/ST/CATEGORY - I :

(Enclose certificate from competent authority)

6. Postal Address for Communication

(in Block Letters) :

a) Present :

b) Permanent :

Pin Code No. :

c) Contact Phone with STD Code Residence :

Mobile No. :

d) E-mail ID (Compulsory) :

7. Qualifying Examination Passed : _____
- a) II PUC Examination
10 + 2 or its equivalent with PCB/CBZ optional
(Month & year of passing) : _____ Reg. No. _____
- b) B.Sc., Degree or its Equivalent with CBZ
And Physics as one of the subjects at PUC level
(Month & Year of passing) : _____ Reg. No. _____
8. Marks scored in PUC II YEAR / 10+2 or its Equivalent Examination :

Subjects	Maximum Marks	Minimum Marks	Marks Obtained	% of Marks
Physics				
Chemistry				
Biology <i>Botany & Zoology</i>				
English				
Total				

Maximum Marks of Qualifying Exam : _____

Total Marks Secured : _____

Percentage of Marks Secured : _____

Name of the Board / University of the Qualifying Exam : _____

9. Languages known to
- Speak : _____
- Write : _____
- Read : _____

10. Extra Curricular Activities / sports (Attest Relevant Certificate) : _____

11. Blood Group : _____

12. Details of Studies from 10th Standard to II PUC/10+2/B.Sc., its Equivalent Examination.

Sl. No.	Study	Name & Address of the School / College	Year of Study		Year of Passing	Class Obtained	Urban / Rural	Medium of Instruction
			From	To				
01	HSC							
02	PUC or 10+2							
03	B.Sc.,							

Name of the Last School/College attended _____

DECLARATION

I _____, hereby solemnly and sincerely State and affirm that the statements made and information furnished by me in the application form are true and correct. I declare that I would be liable for criminal prosecution and forfeiture of my seat in case if any of the above information furnished proved to be false or incorrect.

Place :

Date :

Signature of the Applicant

PARENTS DECLARATION

I hereby solemnly and sincerely state and affirm that the statement made and information furnished by my son/daughter in application as also in all the enclosures thereof submitted by me / him / her are true. Should it, however, be found any information furnished therein is untrue and incorrect in material particulars, I declare that I would be liable for criminal prosecution and also agree to that he / she would forego his/her seat in the college.

Place :

Date :

Signature of the Parents / Guardian

OATH OF DISCIPLINE / DECLARATION BY THE CANDIDATE

I,, do hereby agree to abide by the rules and regulations of the College and Hostel, maintain discipline and absolute integrity If admitted. I will not cause any damage to the valuables, apparatus, furniture and laboratory equipments if in any case, I agree to bear the cost of it in force from time to time. Further, I shall not involve in any strikes or union activities and will be regular to all classes, tests, Terminal Examinations and assignments. I shall also maintain the minimum attendance as specified by both college and university. My university examination can be with held If I do not abide to the above rules viz., Class Tests, Terminal Examinations, Assignments and attendance.

IN WITNESS WHERE OF I AGREE to other terms and conditions including the rules of ragging as described in the college prospectus.

I will also abide by rules & regulations in force from time to time from the beginning of I BHMS to Internship.

Signature of the Student

"Signed before me"

Signature of the Gazetted Officer / Notary

CHECK LISTS FOR ENCLOSURE :

SL. NO.	PARTICULARS OF ENCLOSURES	Yes	No	REMARKS
1	MARKS CARD (10+2) / PUC / B.Sc.,			
2	TRANSFER CERTIFICATE			
3	MIGRATION CERTIFICATE			
4	ELIGIBILITY CERTIFICATE			
5	PHOTO 6 PASSPORT & 6 STAMP SIZE			
6	CASTE AND INCOME CERTIFICATE			
7	MEDICAL FITNESS CERTIFICATE WITH BLOOD GROUP			
8	CHARACTER CERTIFICATE			

FOR OFFICE USE ONLY

1. The applicant Mr./Miss/Mrs. _____ Son/daughter of Sri. _____ is admitted to the 1st BHMS course for the academic year _____
2. Fee paid Receipt No. _____ Date _____ Amount Rs. _____
3. Under Management Quota / CET.
4. Payment details Rs. _____ per term.

Date of Admission :

Accounts Section :

Principal
Bhagawan Buddha Homoeopathic
Medical College & Hospital
Bangalore