

Application No. : FMHMC/BHMS/2025/ \_\_\_\_\_

Received on : \_\_\_\_\_

D.D No. : \_\_\_\_\_

NEET Application No.: \_\_\_\_\_

NEET Roll No. : \_\_\_\_\_

NEET Marks : \_\_\_\_\_

**FATHER MULLER HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**

(A unit of Father Muller Charitable Institutions)

(Christian Minority Institution)

University Road, Deralakatte Post, Mangalore – 575 018

Affiliated to Rajiv Gandhi University of Health Sciences,  
Recognized by the National Commission for Homoeopathy, New Delhi

Phone: 0824 - 2203905/9481450880

Email ID : admissionhmc@fathermuller.in

**APPLICATION FORM FOR ADMISSION TO B.H.M.S. COURSE  
FOR THE YEAR 2025-26****Instructions :**

1. Fill in the form in your own handwriting
2. Use only **BLOCK LETTERS**
3. Read the Bulletin of Information carefully before filling up the form
4. This application for Admission registration to BHMS
5. Admission is through counselling by Karnataka Examination Authority(KEA) for all the seats
6. Incomplete Application forms will be rejected without any prior information

Affix here your  
latest Photograph**DETAILS OF THE APPLICANT**

1. Name of the Applicant (as in the S.S.L.C/X Std Certificate): \_\_\_\_\_

Day Month Year

2. Date of Birth :       3. Age (as on 31.12.2024): \_\_\_\_\_  
(as in the S.S.L.C/X Std Certificate)

4. Gender : \_\_\_\_\_ 5. Religion: \_\_\_\_\_ 6. Caste : \_\_\_\_\_

7. Category (Please mention your category i.e. General/SC/ST/OBC/others)

8. Seat Type (mark ✓) : Management/ Government/ All India Quota

9. Mother Tongue : \_\_\_\_\_

10. Blood Group : \_\_\_\_\_ 11. Marital Status : Married/ Unmarried

12. Aadhaar Card No.: \_\_\_\_\_ 13. PAN No. : \_\_\_\_\_

14. Applicants E-mail ID : \_\_\_\_\_

15. Applicants Mobile No. : \_\_\_\_\_

16. Address :

**Present Address****Permanent Address**

City :		City :	
District :	State :	District :	State :
Pin code :		Pin code :	
Res Ph No.:		Res Ph No.:	

17. Indicate if N.R.I (Non Resident Indians) Seat is desired

Yes / No

18. Hostel Accommodation required

Yes / No

### **DETAILS OF THE PARENTS**

19. Fathers Name : \_\_\_\_\_ Age: \_\_\_\_\_

Qualification : \_\_\_\_\_ Occupation : \_\_\_\_\_ Designation : \_\_\_\_\_

Monthly Income : \_\_\_\_\_

Email ID : \_\_\_\_\_ Mobile : \_\_\_\_\_

20. Mothers Name : \_\_\_\_\_ Age : \_\_\_\_\_

Qualification : \_\_\_\_\_ Occupation : \_\_\_\_\_ Designation : \_\_\_\_\_

Monthly Income : \_\_\_\_\_

Email ID : \_\_\_\_\_ Mobile : \_\_\_\_\_

21. Siblings (Use additional sheets if needed): \_\_\_\_\_

	1	2	3	4
Name				
Age				
Gender				
Qualification				
Employed with				
State of Health				

### **ACADEMIC RECORD**

1. S.S.L.C (X Std) :

Register No. \_\_\_\_\_

Name of the School: \_\_\_\_\_

Board : \_\_\_\_\_ Month & Year of passing : \_\_\_\_\_ No. of Attempts : \_\_\_\_\_

Subjects	Max. Marks/Grade	Marks/Grade Obtained
GRAND TOTAL		

Register No. \_\_\_\_\_

**Board : \_\_\_\_\_ Month & Year of passing : \_\_\_\_\_ No. of Attempts : \_\_\_\_\_**

**3. If any Higher Examination (B.Sc. etc.) furnish details & attach copies of mark list.**

i. NEET Score Sheet	( )
ii. Secondary School (X std/S.S.L.C) Certificate & its Marks Sheet	( )
iii. Senior School (P.U.C/+2 Class) Certificate & its Marks Sheet	( )
iv. Transfer Certificate (TC) from the Head of the institution last studied	( )
v. Conduct Certificate from the Head of the Institution last attended	( )
vi. Migration Certificate	( )
vii. Copy of the Aadhar Card	( )
viii. Six (6) Passport size & Two (2) Stamp size photographs	( )

- Mention the **total number of enclosed certificates/ documents** relating to above (     )
- All the certificates should bear the same name, as per **S.S.L.C/X Std certificate**
- All the Copies of Certificate and Testimonials are to be attested by a **Gazetted Officer/Head Master or Principal.**
- Send the filled in application to the following address along with a **DD of Rs 500** in favour of **Father Muller Homoeopathic Medical College & Hospital**
- Application accompanied by the above mentioned certificate only will be considered

Indicate prize won / represented the School / College / University. (if you)  
Attach testimonials in support.

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## **UNDERTAKING**

1. I ..... hereby solemnly affirm that the statements made and the information furnished in my son's/ daughter's / wards application form and also in the enclosures thereto submitted by him/her are true.
2. I have read the Prospectus and I am aware of rules and regulations of the College and agree to abide by the said rules and regulations including code of conduct.
3. I am aware that the Admissions made are provisional and subject to the approval by the Rajiv Gandhi University of Health Sciences and Apex Body/NCH.

**Signature of Parent/ Guardian**

**Signature of the Applicant**

**Date :** \_\_\_\_\_

**Place :** \_\_\_\_\_