

Application No. : FMHMC/BHMS/2026/ _____
 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 - 2203905/945945074 Email ID : admissionhmc@fathermuller.in

APPLICATION FORM FOR ADMISSION TO B.H.M.S. COURSE FOR THE YEAR 2026-27

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 31.12.2026): _____
 (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		

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 : _____