

Application No. : FMHMC/ MD(HOM)/2026/ _____

Received on : _____

D.D No. : _____

AIAPGET Application No : _____

AIAPGET Roll No. : _____

AIAPGET 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 DelhiPhone: 0824 - 2203905/9459450074 Email ID : admissionhmc@fathermuller.in**APPLICATION FORM FOR ADMISSION TO M.D(Hom) 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 MD(Hom)
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): _____

2. Date of Birth :

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 3. Age (as on 31.12.2026) : _____

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 Authentic 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. Specialty Subjects preferred to : 1. _____ 2. _____ 3. _____

18. Hostel Accommodation required : Yes / No

DETAILS OF THE PARENTS

19. **Fathers Name** : _____ **Age:** _____
Qualification : _____ **Occupation :** _____ **Designation :** _____
Monthly Income : _____
Phone : _____ **Mobile :** _____
Authentic Email ID: _____

20. **Mothers Name** : _____ **Age :** _____
Qualification : _____ **Occupation :** _____ **Designation :** _____
Monthly Income : _____
Phone : _____ **Mobile :** _____
Authentic Email ID : _____

21. **Siblings** (Use additional sheets if needed):

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

ACADEMIC RECORD

1. **I BHMS :** _____ **BHMS Register No.** _____

Name of the College: _____

University : _____

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

2. **II BHMS :**

Name of the College: _____

University : _____

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

3. III BHMS :

Name of the College: _____

University : _____

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

4. IV BHMS :

Name of the College: _____

University : _____

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

5. INTERNSHIP

Name of the College : _____

Date of joining Internship _____ date of completion of Internship _____

6. State Registration No. : _____ Name of the Board/Council : _____

Date of registration : _____

7. Details of the Enclosed Certificate:

Please tick (✓) which is applicable.

- (1) AIAPGET Score sheet ()
- (2) Secondary School (S.S.L.C)/10th Std Certificate & its Marks Sheet ()
- (3) Marks Cards of I, II, III & IV B.H.M.S ()
- (4) Transfer Certificate (TC) from the Head of the Institution last studied ()
- (5) Conduct Certificate from the Head of the Institution last attended ()
- (6) Migration Certificate from University (if studied under other than RGUHS) ()
- (7) Attempt Certificate ()
- (8) Provisional Degree/Convocation Certificate ()
- (9) State Council Registration Certificate ()
- (10) Copy of the Aadhar Card ()
- (11) Two (2) passport size photographs ()

Note :

- Please 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

CO-CURRICULAR ACTIVITIES

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

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 : _____