

LORD MAHAVIRA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KITCHLU NAGAR, LUDHIANA - 141 001 (Pb.) INDIA
(Affiliated with Baba Farid University of Health Sciences, Faridkot)

APPLICATION CUM ADMISSION FORM FOR B.H.M.S. COURSE - JULY 200

<p>For Office use only</p> <p>Registration No.</p> <p>Date of receipt</p> <p>Application Status</p> <p>Remarks</p> <p style="text-align: right;">Signature (Checking Authority)</p>	<p>Affix recent Passport size colour photograph duly signed and attested</p>
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TO BE FILLED BY THE CANDIDATE

The Principal
Lord Mahavira Homoeopathic Medical College & Hospital
Ludhiana - 141 001, Punjab (India)

Dear Sir,

I am applying for admission to B.H.M.S. Course 200 **Under Category**

The following documents are sent here with by Registered AD / hand delivery for the said purpose (Tick as applicable) :

1. Appendix-2 duly signed and attested by a Notary Public.
2. Appendix-3 duly signed (In case of Hostellers only). In case of NRI's Appendix 2 and 3 to be filled at the time of interview in India.
3. Attested photostat copy of certificate of having passed Pre-Medical / +2 / Equivalent Examination from any University / Board showing detailed marks / explanation sheet of grades.
4. Eligibility Certificate from Baba Farid University of Health Sciences, Faridkot (for NRI / Foreign Candidates only).
5. Attested photostat copy of Higher Secondary / High School Certificate showing Date of Birth.
6. Attested photostat copy of good conduct from the Principal of the School / College last attended.
7. Three attested copies of recent colour photographs (Passport size) showing full face, head and shoulders only, with name on the back side of each photograph.
8. Photocopy of PMET 2002 marks Card from Baba Farid University of Health Sciences, Faridkot (For Govt. / Management Category seats only).
9. For NRI / Foreign seat candidates only :
 - a. Crossed Bank Draft for US Dollars 100 in favour of
"LORD MAHAVIRA MEDICAL COLLEGE & HOSPITAL, LUDHIANA." (Draft No.
Dated
 - b. If payment by cash (Receipt No. Dated
10. Photostat copy of the Passport (in case of NRI / Foreign candidates.)

I undertake that I shall submit all the original certificates at the time of admission. My detailed particulars are submitted herewith.

Yours Faithfully,

NOTE : Candidate applying under category like Scheduled Casts, Scheduled Tribes or Backward Class, are required to submit respective certificates regarding their class. Such certificates must be signed by the S.D.M. or Distt. Welfare Officer.

.....
Signature

Full Name

LORD MAHAVIRA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

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DECLARATION

Affix
Non-Judicial
Stamp
of Rs. 25/-

We S/o, D/o (Candidate) and

..... S/o, D/o (Guardian) declare as under :

(A) BY CANDIDATE

1. I have applied for admission to B.H.M.S. 200 at LMHMC&H, Ludhiana, in response to their prospectus after having read and understood all terms and condition there-in.
2. If admitted to B.H.M.S. course 200 . I agree to abide by the discipline of the college, to avail myself of all the opportunities of academic instructions, and to appear in all the college tests whenever required to do so by the college authorities.
3. I understood that the duration of the course of instruction for the degree of Bachelor of Homoeopathic medicine and Surgery (B.H.M.S.) including compulsory Rotatory Internship, shall be five and a half years.
4. I understand that if all the certificates submitted are not approved by the authorities concerned, my admission will be cancelled.
5. If admitted to the college, I agree that my admission can be cancelled if I have submitted incorrect or incomplete information to the college authorities. I agree that in such a case, any fees paid shall not be refunded to me. Decision of the Principal in such a case will be final. I confirm that I have not been disqualified by any University.
6. I also understand that the decision of the Admission Committee will be final and that my admission made will be subject to approval by the Baba Farid University of Health Science, Faridkot.
7. I understand that the full fee to be paid by me on being admitted to the course is as per the prospectus for 200 and that the fee is payable either by case or bank demand draft in the name of "Lord Mahavira Homoeopathic Medical College & Hospital, Ludhiana" against a proper receipt, and that cheques will not be accepted. I know and agree that fees once paid is not refundable.
8. I agree to pay all the dues as notified by the college authorities from time to time and on the dates fixed for the purpose and understand that fees / due once paid are not refundable. I agree that any outstanding dues against me as and when I leave the college be adjusted by the authorities concerned from my security deposit and the balance, if any claimed from me.
9. If I, directly or indirectly, take part in any movement to create any kind of disturbance during the period of the aforesaid course including compulsory Rotatory Internship period in the College/Hospital or to, hold or address a meeting in the College / Hospital Superintendent/ Dean will undermine College/ Hospital discipline, or alcoholic beverages or hallucinogenic drugs, I agree that my name shall be removed from

the rolls of the college or that I shall be fined, rusticated or expelled from the college as decided by the college authorities, I agree that the decision of the college authorities in such matters shall be final.

10. I understand that I will be permitted to take the 1st Prof. B.H.M.S. Examination one and half year after my admission provided I put in the required attendance of 75% in theory and 80% in practical.
11. If the college authorities find, on the basis of my results in the college examination or my failure to take such examination, that I am not a fit candidate to be promoted to the next higher class or to appear in a professional examination, I agree to be detained in the same class or be debarred from appearing in the professional examination.
12. I also undertake that I shall do my internship only in LMHC&H, Lushiana whenever it is due.
13. I shall abide all the terms and conditions of the Prospectus.

(B) BY PARENT / GUARDIAN

14. I here by declare that if is admitted, he/she shall abide by the rules of Lord Mahavira Homoeopathic Medical College & Hospital, Ludhiana, given in the prospectus and those made by the authorities hereafter.
15. I hereby declare that I hold myself responsible for the timely payment of all the dues i.e. tuition fee, fines, canteen, mess and other charges etc. payable to Lord Mahavira Homoeopathic Medical College & Hospital in respect of my son/ daughter/ward, named during the period of his/her studies in Lord Mahavira Homoeopathic Medical College & Hospital, Ludhiana.
16. I declare he/she has never been disqualified by any University/Board.

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Signature of the Student

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Signature of the parent / Guardians

.....
Guardian's relationship with he candidate

Witness : (with full name, address and signature)

1.
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2.
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Any type of dispute during the course of study, shall be subject to Ludhiana Jurisdiction only.
To be attested by Notary Public..

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B.H.M.S. ADMISSION - JULY 200

To,
The Principal
Lord Mahavira Homoeopathic Medical College & Hospital
Ludhiana.

Subject : Request for accommodation in Girls Hostel.

Respected Sir,

Kindly allot me accommodation at LMHMC & H Girls Hostel. My particulars are given below :

1. Name
2. Father's Name
3. Mother's Name
4. PMET Merit
5. Permanent Address
.....
.....
6. Local Guardian's Name & Address
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.....

I further undertake to act as per rules of the hostel and any accommodations, as applied for above, is subject to my observing these rules.

Yours Faithfully,

.....

Signature

Full Name