

Ahmednagar Homoeopathic Shikshan Sanstha's
AHMEDNAGAR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
Savedi Road, Ahmednagar.

PROVISIONAL ADMISSION FORM

Adm. Form No.

Adm. Year :

To,
The Principal,
A'Nagar Homoeopathic Medical College,
Savedi Road, Ahmednagar.

Resp. Sir,

I request permission to confirm Provisional Admission for **First /Second / Third / Final** BHMS Class for the year 20 - 20 I furnish my academic details as follows.

1) **Full Name of Candidates(In Block Capital Letters) :**

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(Surname)

(First Name)

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(Middle Name)

2) **Date of Birth : dd/mm/yyyy**

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3) **Contact No. / Mobile No.**

a) Self

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b) Parents : Father / Mother

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4) **E-mail Id :- (_____)**

5) **Aadhar Card No (Student):-**

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6) **Address for Correspondence :**

a) Local Address: _____

b) Permanent Address: _____

Previous Educational Details:

Sr. No.	Year/ Class	Examination Month/Year	Pass/ Fail	Marks Obtained
1.	12 th			
2.	First Year BHMS			
3.	Second Year BHMS			
4.	Third Year BHMS			

7) **College Fees Paid:** (For Current Year)

Receipt No. _____ Amount Rs. _____ Date: _____

8) **Hostel Fees Paid:** (if Hostel Admission)

Receipt No. _____ Amount Rs. _____ Date: _____

9) **I Have fill & Submitt :** a) Anti Ragging Affidavit Yes / No

b) Affidavit for Attendance Yes / No

Place : A'Nagar.

Sign. &:-

Date : / / 20

Name of Student :

For Office Use Only

Checked By :

Verified By :

Principal
Seal & Sign

Date : / / 20



- Documents Attached: 1) Zerox copy of Previous Yr. Marksheet
2) Original Affidavit for Attendance
3) Original Anti-Ragging Affidavit

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Savedi Road, Ahmednagar.

AFFIDAVIT

To,
The Principal,
A'Nagar Homoeopathic Medical College,
Savedi Road, Ahmednagar.

Resp. Sir,

I, Mr / Miss. _____

Student of this College, and passed the Examination First /Second / Third Year BHMS in May/ Dec. 20____ Examination. I fill the Admission form for next Year i.e. Second / Third / Final BHMS respectively. And I do hereby solemnly affirm and state as under:-

- 1) That I state and affirm that, I shall be to fulfill the all rules and Regulation & condition laid down by the Institute / College Management as time to time.
- 2) That I state and affirm that, I aware that, I have to fulfill the criteria of attendance prescribed by the MUHS, Nashik. If, failing which , I shall be held " Not Eligible " and will be not allowed to fill Examination Form to appear for MUHS, Nashik Examination.
- 3) That I state and affirm that, I have follow the rules & Regulation declared by UGC for Anti-Ragging and also I have fill & submit the Online Anti Ragging affidavit for each and every year at the time of admission regularly.

The above information is correct, if it will false or incorrect, I will be liable in I.P.C. Act 193(2), 199/200.

Sign.

Sign.

(Name: _____)
Father /Mother/Parent

(Name: _____)
Student

Place: Ahmednagar

Date: / / 20

Rules & Regulation for Students:

- 1) I shall be to fulfill the all rules and Regulation as declare by the Institute / College Management as time to time.
- 2) I aware that, I have to fulfill the criteria of attendance prescribed by the MUHS, Nashik. If, failing which , I shall be held " Not Eligible " and will be not allowed to fill Examination Form to appear for MUHS, Nashik Examination.
- 3) I have follow the rules & Regulation declared by UGC for Anti-Ragging and also I have fill & submit the Online Anti Ragging affidavit for each and every year at the time of admission regularly.