

Sl. NO.....

UNIVERSITY OF DELHI
(Faculty of Homoeopathic Medicine)
6th Floor, VPCI Building, Delhi – 110007
SESSION 2016-2019

FOR OFFICE USE	
(i) Aggregate Marks in BHMS Course	
(ii) Whether employed.....	
Checked	Verified

Recent passport size self attested photograph of the applicant
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Application for Admission to Postgraduate Degree course in Homoeopathic Medicine

1. DD No. _____ Rs. _____ dated _____
 2. DD No. _____ Rs. _____ dated _____

IMPORTANT INSTRUCTION:

- (i) Please read the Bulletin of Information carefully before filling the application form.
 (ii) Application must reach in the Joint Registrar, Faculty of Homoeopathic Medicine, 6th Floor, V.P. Chest Institute Building, University of Delhi, Delhi – 110 007 from 18.10.2016 to 04.11.2016.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN OWN HANDWRITING

- Full name in block letters Dr.(Ms./Mr.).....
- Father's Name.....
- Mother's Name.....
- Date of Birth.....
- Nationality.....
- Gender: M-For Male F-For Female O-For Others
- Category: SC/ST/OBC/PwD/General
- State to which belongs.....
- University Enrolment No
(In the case of Delhi University candidates only)
- Present Occupation.....

Please furnish the following details if the applicant is/was in service after completion of internship:

Sl.No.	Designation	Date of appointment		Department	Institution
		From	To		
1.					
2.					
3.					

FOR OFFICE USE

Sl. No.

UNIVERSITY OF DELHI
(Faculty of Homoeopathic Medicine)
6th floor, VPCI Building, Delhi - 110007

Received an application form for admission to Postgraduate Degree Course in Homoeopathic Medicine for the session 2016-2019 from Dr date.....

Dealing Assistant

11. Information regarding previous Entrance Tests conducted by University of Delhi for Post-graduate (Degree) Courses:

- (i) Have you accepted a seat based on the result of the Test(s)?: Yes/No,
- (ii) If yes, mention details:

Year of Test	Name of Course accepted/Joined	Name of College/ Institution
2013	_____	_____
2014	_____	_____
2015	_____	_____

12. Are you already pursuing any course as on date of filing the application form (Yes/No), if Yes, please mention:

- (i) Name of the course: _____ (ii) Date of Joining of the course: _____
- (iii) Name of College/Institution: _____ (iv) Name of University _____

13. If you are already pursuing Postgraduate Degree/Diploma Course from any other University, please mention the name of the Course and date of joining the Course Institution

14. Permanent Address.....
Pin.....

15. Local Address
Pin.....

Telephone No. Residence Mobile Office

NB: Any change in address should in invariably be communicated to this office.

DETAILS OF THE EXAMINATION PASSED

Sl. No.	Examination Passed	Name of University	Year of Passing	Roll No.	Marks Obtained	Max. Marks	Percentage %	Whether Recog. By CCH
1.	Higher Secondary/ Senior School Certificate Exam.							
2.	1st Prof. BHMS							
3.	IIInd Prof. BHMS							
4.	IIIrd Prof. BHMS							
5.	IVth Prof. BHMS							
6.	Aggregate Marks in BHMS							

16. Date of admission to BHMS Course
17. Date of passing the Final BHMS Examination
18. Name of University from where the BHMS Examination Passed
19. Percentage of aggregate marks in all four professional examinations.....
20. Duration of BHMS Course.....
21. Duration of internship: Fromto.....Total:
22. Duration of the course with internship Years Months.....
23. Registration with State Council/Board of Homoeopathic System of Medicine Reg. No.....

Self attested copies of the following documents should be attached with the application form in the order as given below:

- a. High School/Higher Secondary Certificate for verification of date of birth.
- b. Certificate in support of educational qualification BHMS.
- c. Detailed marks sheet of all Professional Examinations in BHMS and Degree.
- d. The compulsory rotating internship certificate in recognized Hospital.
- e. BHMS Examination attempt Certificate.
- f. Employer's Certificate and a No Objection Certificate (NOC), if employed (as given in the application form).
- g. Registration Number with State Council/Board of Homoeopathic of Medicine.
- h. SC/ST/OBC/CW/PwD Certificate, if applicable (Two copies)

Note: No original certificate should be attached with the application form.

Date:

Signature of the Candidate

Name Dr.(MS./Mr.).....

Address

.....**Pin**.....

UNDERTAKING

1. I, hereby, solemnly and sincerely affirm that the statement made and information furnished by me in the application form is true and correct. I have not concealed any information. If any information furnished, herein, is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution, and I also agree to forego my seat in Post-Graduate Degree Course. Further I am liable to be punished by the University and the selection and admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations governing the Examination as contained in the Bulletin of Information.
2. In case I fail to join the course offered to me and accepted by me within the prescribed date, my selection / registration to the course(s) be treated as cancelled.
3. I undertake that in the event of my admission to any Degree course I will not apply for or accept admission to any course in any University / Institution till I complete the course to which I am admitted on the basis of this application. I further undertake that in the event of my resigning the course concerned to which I am admitted, I will not appear in the next and subsequent Entrance Tests, till the duration of the course concerned is over.
4. I undertake that in the event of my selection for a Post-Graduate Degree Course, I shall deposit all my original certificates along with a Surety Bond of Rs.5 lacs. In the event of (i) my not joining the course at the allotted institution on or before the stipulated date (ii) leaving the course before its completion and (iii) cancellation /termination of my admission /registration by the University on account of unsatisfactory performance/ conduct/discipline, I will deposit a sum of Rs.5 lacs in the institution where I am enrolled to redeem my original certificates.
5. I agree to undergo to the said course on full-time basis and shall not engage myself in practice or any part-time/ full-time job during the period of the course and if I do so, my name may be removed from the rolls of the University.
6. I am aware that the University can remove my name from its rolls in case my work is not reported satisfactory by my Supervisor/ Head of the Institution.
7. On admission, I shall submit myself to the disciplinary jurisdiction of the Vice-Chancellor and several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Ordinances, the rules and regulations that have been framed by the University from time to time.

Signature of the Candidate

Name Dr.(Ms./Mr.).....

Dated:

Address.....

Place:

.....Pin.....

EMPLOYER'S CERTIFICATE FORM FOR CANDIDATES WHO ARE IN SERVICE

I am forwarding herewith, the application for admission to the post-graduate Degree Course in Homoeopathy in respect of Dr./Mr.Ms. _____ who is a full-time employee in this organization w.e.f _____ and has been working as _____ (please give designation) and his/her emoluments, including D.A., C.C.A and H.R.A. etc are Rs. _____.

If he/she is selected by the University for admission, he/she will be relieved to join the above course as a full-time/ regular student in the institution assigned to him/her by the stipulated date of joining the course concerned.

Note: The relieving certificate will also be sent to the University before the candidate joins the course concerned by the stipulated date.

Dated: _____

Signature of the Officer
Name and Designation with office seal

Sl. No.

**UNIVERSITY OF DELHI
(Faculty of Homoeopathic Medicine)**

**ADMISSION TICKET FOR
POST GRADUATE ENTRANCE TEST (HOMOEOPATHY)
PGMET(H) EXAMINATION 2016-2019**

**Date of Entrance Examination 13/11/2016
Reporting Time: 09:30 A.M.**

**Recent
Passport size
photograph of the
applicant (Without
Attested)**

Roll No.

Examination Centre

To be filled by the candidate in his/her own handwriting

Name (IN BLOCK LETTERS)

Father's Name

Signature of the Candidate

Name of the candidate.....

Address (Postal).....

.....Pin.....

Joint Registrar
Faculty of Homoeopathic Medicine

Please see Overleaf

Sl. No.

**UNIVERSITY OF DELHI
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Father's Name

Signature of the Candidate

Name of the candidate.....

Address (Postal).....

.....Pin.....

Joint Registrar
Faculty of Homoeopathic Medicine

Please see Overleaf

Note: Candidates are admitted to the examination under conditions laid down in the Ordinance and Regulations of the University. Attention is particularly drawn to the Code of Conduct for Examinees, Directions to the Candidates for Examinations and Ordinance X, X-A & X-B laying down the General Rules for the Examination etc are given in the Bulletin of Information.

Each candidate must show his/her "Admission Ticket" to the Superintendent of the Examination Centre for admission to the Examination Hall and may be required to produce the same at any time during the course of examination.

Admission of the candidate to the entrance examination is provisional subject is his/her being found otherwise eligible for admission to the course concerned.

If ineligibility of a candidate is detected at any stage before or after examination/ declaration of result, his candidature/admission will be cancelled without any notice.

In case, any candidate is found to have furnished false information or certificate etc. or is found to have withheld or concealed any material information in his/her application, he/she will be debarred from admission.

Cellular Phone /Pager etc. is strictly prohibited in the Examination Hall.

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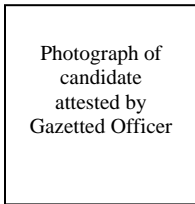
AUTHORITY LETTER AND UNDERTAKING FOR AUTHORIZED REPRESENTATIVE

TO BE SUBMITTED AT THE TIME OF COUNSELLING

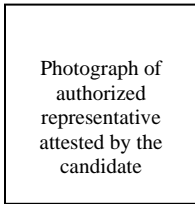
Postgraduate Degree course in Homoeopathic Medicine Course for the session 2016 – 2019 under Faculty of Homoeopathic Medicine, University of Delhi

AUTHORITY LETTER

I _____ son/ daughter of Shri _____ bearing Application No. _____ for admission to Homoeopathic Medicine Courses Session 2016-2019, do hereby authorize Mr./Mrs./Miss _____ son/ daughter/ wife of Shri _____ Resident of _____ to represent me on _____ (date) before the Joint Admission Committee of the Faculty of Homoeopathic Medicine for selection/ rejection of a seat/ college, or Homoeopathic Medicine Courses Session 2016-2019. The signature and the photograph of above named Mr./ Mrs./ Miss _____ are attested below.



Signature of the candidate
Name _____
Application Form No. _____
Category/Rank No. _____
Address _____



Signature of Authorized representative _____
Attestation of Signature by the Candidate _____

Candidate should sign in such a way that half of his/ her signature be on the photograph of authorized representative.

UNDERTAKING

I _____ son/ daughter of Shri _____ aged _____ year _____ months, Application Form No. _____ placed at Rank _____ in Homoeopathic Medicine Course 2016-2019, do hereby solemnly affirm and undertake that the decision of my authorized representative, Mr./ Mrs./ Miss _____ son/daughter/wife of Shri _____ aged _____ years _____ regarding selection/ rejection of seat, or placement in waiting list regarding admission to Homoeopathic Medicine courses 2016-2019 on the date of personal appearance shall be binding on me and I shall not have any claim whatsoever, other than the decision taken by my authorized representative on my behalf on _____

Signature of the candidate

Date:

Name _____

Place:

Application Form No. _____

Category/Rank No. _____

Address _____