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DR. YADUBIR SINHA HOMOEOPATHICO

AFFILIATED TO B.R.A.BIHAR UNIVERSITY MUZAFFARPUR, RECOGNISED BY Central Council of Homoeopathy NEW DELHI.

Note:- The Admission Form to be filled by candidate in

Note:- The Admission Form to be filled by candidate in his/her own writing use English BLOCK LETTERS only

Affix attested Photograph

ADMISSION FORM

B.H.M.S. DEGREE COURSE

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- o Marks sheet of 10+2 or Intermediate Science or Equivalent.
- o Transfer Certificate or C.L.C.
- o Migration Certificate (students coming from other University.)
- o Date of Birth proof Certificates (High School Certificate)
- o Cast Certificate (for SC/ST & OBC Students)
- o Character Certificate from previous School/College.
- o Election Card (Voter Id)

AFFIDAVIT

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2.S	Distt do here by solemnly affirm and declare as follows :-
CONTRACTOR OF THE PARTY OF THE	That I have passed I. Sc. (10+2) Science with Physics, Chemistry, Biology examination
	from (Address of passing college) through
	University/ Board/ Council (Name)
2.	That my date of birth is
3.	That I have not any Police/ Criminal/ Social Case.
4.	That my college/ School Roll No
4	Board Registration No as my College/ School register.
5.	That less than 75% attendance in Theory & Practical I shall not be allowed to appear in B.R.A. Bihar University Muzaffarpur Examination.
6.	That I will accept the rights of making any addition, omission, alteration & regulation including fee structure by the management.
7.	That Original documents will be returned from college after passing out (B. H. M. S. Degree Course completion)
8.	That During B.H.M.S. course, I shall not be doing any other course.
9.	That I will be not attend the class without Dress and apron.
10.	That I will be deposit monthly tution fee last week of every month other wise, I paid with late fine.
11.	That if my statement is wrong then I am also responsible for the same.
12.	That the above contents are true to the best of my knowledge.

Parents / Guardian Signature.

Student's Signature.



Undertaken and pledged by the candidate.

I hereby certify that the entries made by me in this form are correct to the best of my knowledge and I have not concealed any information in any manner.

I agree to observe & abide by all the rules & regulations of the institutions in which I may be, admitted including those with regard to programme of studies syllabus, scheme of examination rules and the rules that may be laid from time to time by council of homoeopathic system of medicine or institution during the period or my studies & I will not associate myself with any activity predicial to the discipline of the institution. I fully understand that for any violation or infringement of these rules & regulations, disciplinary action can be taken against me by the authorities, which may include cancellation of the candidature.

I certify that I am not involved in any illegal activity & no criminal case in pending against me in any court or law.

FOR OFFICE USE ONLY

Name.	
Roll No	Session -
Remarks:	

Dealing Assistant

Principal