

**RAMESHWAR DAS KEDIA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**

At+Po:- Bariyarpur (NH.-28A), Motihari, East Champaran, Bihar, PIN- 845401

☎ 7762995888, E-Mail rdkhmcollege@gmail.com, website: www.rdkhmcollege.org

(Recognized by C.C.H., New Delhi & Ministry of AYUSH, Government of India.

Affiliated with B.R.A. Bihar University, Muzaffarpur)

**ADMISSION FORM**

Affix Passport  
Size  
Photograph

To,

The Principal,

Rameshwar Das Kedia Homoeopathic Medical College & Hospital,

Bariyarpur, Motihari, East Champaran, Bihar- 845401

Sir,

I, beg to apply for admission to the 1<sup>st</sup> BHMS Course in your college in session .....

**PARTICULARS**

1. Full Name (IN CAPITAL LETTER) .....
2. Father's Name ..... Occupation.....
3. Mother's Name.....Occupation.....
4. Permanent address .....
- .....
- Mobile No..... E-Mail .....
5. Present address .....
- .....
6. Date of Birth .....Day .....Month.....Year.....
7. Name of guardian and relationship .....
- Guardian's address .....
- ..... Mobile No. ....
8. Nationality .....Religion..... Caste.....
- Gender: Male  Female  Marital Status: Unmarried  Married
9. Institution attended last .....

10. Details of examination passed:-

Exams. Passed	University/Board	Passing Year	Marks Obtained	% of Agg. Marks	% of PCB
10 <sup>th</sup> or Equivalent					
I. Sc. (Bio) or Equivalent					
Higher					

**Declaration of Applicant**

I declare that the facts stated above are correct. Further declare that if admitted, I shall abide by the Rules & Regulations of the college for the administration and discipline of the college and I shall do nothing inside or outside the college that will interfere with college administration and discipline which tarnish the name of homoeopathy. If found any improper activity done by me, my name will be struck off from the admission register without any notice.

Signature of applicant

**Declaration of Father/Guardian**

I declare that I shall be responsible for the payment of college- fees and other dues in time payable by my son/Daughter/dependent throughout his/her educational career in the college.

Name & Signature of father/Guardian

**FOR OFFICE USE ONLY**

The application of .....has been admitted/rejected.

PRINCIPAL

❖ **CERTIFICATES REQUIRED WITH ADMISSION FORM:**

- A. Attested copies of 10<sup>th</sup> & 10+2 (Bio.), other qualification
- B. College Leaving certificate & Migration certificate
- C. Character Certificate
- D. Residential certificate & Caste certificate
- E. 4 passport size photos & 2 ticket size photo
- F. N.B. : Original certificate will be required to deposit at the time of admission

**Note:** Demand Draft of Rs.1000/- in favour of “**Rameshwar Das Kedia Homoeopathic Medical College & Hospital**” payable at Bariyarpur, along with downloaded application form. Prospectus will be provided in the college.