

Enrolment No. (if any) _____ General/SC/ST rank (if any) _____ Form No. _____

PRATAP CHANDRA MEMORIAL HOMOEOPATHIC HOSPITAL & COLLEGE

[AFFILIATED TO CALCUTTA UNIVERSITY & THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES]

14/1, Mahanambrata Sarani (Narkeldanga North Road),
Kolkata-700011

Phone No. - 033-23526437, 9433010091

APPLICATION FORM

(For admission to 1st BHMS course, 2011-2012)

Applicant's name: _____
(in block letters) SURNAME MIDDLE NAME FIRST NAME

Age on 31st December, 2008: ____ years ____ months ____ days

Date of birth: _____ Sex: _____
(along with supporting evidence, e.g. attested copy of admit card of Madhyamik or equivalent examination)

Nationality: _____ Religion: _____

Basic qualification: _____

Whether belongs to SC/ST: _____

Name of the SC/ST to which the candidate belongs (along with supporting evidence):

Permanent address: _____

Local address: _____

Phone No. (if any) _____

Nearest railway station _____ to Howrah / Sealdah / Bidhannagar

Name of the last examination passed: _____ in the year _____

Division: _____ Roll: _____ No. _____

Total marks obtained: _____ out of _____ Div / Class: _____

(By adding English, Physics, Chemistry, Biology)

Name of Council / University: _____

Name of school / college last attended: _____

Father's name: _____

Guardian's name: _____

Address: _____

Occupation: _____ Annual income: _____

(attested copy of certificate to be attached)

Relationship with the applicant: _____

Total marks obtained in Madhyamik / equivalent examination _____ in the year

_____ Roll _____ No. _____ with division _____

Marks obtained in H.S. (10+2) / equivalent examination _____ in the year _____

under Board / Council / University _____

Subjects	English			Physics				Chemistry				Biology				Total By adding Eng, Phy, Chem, Bio	%
	Written			Written				Written				Written					
	P 1	P 2	Total	P 1	P 2	Prac.	Total	P 1	P 2	Prac.	Total	P 1	P 2	Prac.	Total		
Full marks																	
Marks obtained																	

Attested by the Head of the institution
last studied / MLA / MP / MLC / Pradhan / Gazetted Officer
With Seal

I have gone through the prospectus, rules and regulations therein and agree to abide by the same even if altered in future ad to take part in specified activities as selected by the Chairman of Central Selection Committee amongst those prescribed by the W.B. University of Health Sciences.

The statements given by me are true and correct to my knowledge. I am not preceding any other course under any university or board. For any false statement, the authority is at liberty to cancel my admission / studentship. I am not employed anywhere. I have not taken admission nor will I take admission to any other course during my studies in this institution.

Endorsed by father / guardian
with date

Signature of the candidate in full
with date

Date of counseling: _____

Date of admission: _____

Roll No. _____ Receipt No. _____

Amount: _____ Name of bank: _____

Draft No. with date: _____

Received by

Head of the institution

Signature

Form No. _____ Enrolment No. _____ General / SC / ST rank:

Date of counseling: _____ on _____

Name of the candidate: _____