

PRICE : Rs. 30/-

Abbreviated Name of the College } Fresh / Repeater

(To be entered by the college office } _____

University of Pune

Doctor of Medicine (In Homoeopathy) Examination [वैद्यक वाचस्पती (होमिओपॅथी)]

Regular course (M.D. Hom. Part I) April / October 200

To

The Controller of Examinations

University of Pune

Pune 411 007

Sir,

I request permission to present myself at the ensuing M.D. (Hom.) regular course part I examination for the Degree of Doctor of Medicine in Homoeopathy. [वैद्यक वाचस्पती होमिओपॅथी] at _____ centre. I wish to answer the question papers in the English language and / or claim the exemption the following subjects as I have passed in this / these subject/s at examination shown against them :

Name of Subject (General Subjects)	Year and month of passing	Marks Obtained
1. The man in Health (Holistic Concept)		
2. The man in Disease (Holistic Concept)		
3. History of Medicine Scientific Methodology (Including Research Methodology & statistics)		

Declaration

1. I hereby declare that I shall not claim any concessions on religious ground.
2. I hereby declare that I have gone through the syllabus prescribed for the exam for which I am appearing
3. I shall be responsible for any errors and wrong or incomplete entries made by me in the examination form.

Place : _____

Yours faithfully ,

Date : _____

Signature of the candidate

Name :- _____

* Fill in the column which is applicable.

* The student is requested to attach the xerox copy of the statement of marks of the latest examination / or attempt.

PERSONAL DETAILS

1. Name in full in CAPITAL LETTERS } _____
 (beginning with Surname) } _____

Mother's Name _____

Also in Devnagari Script _____

(Note :- **Applicant from South India and upcountries should write the name in the manner in which the same should appear on University Record)**

2. Male or Female _____ 3. Student / Ex-Student _____
 4. Year & Month of passing B.H.M.S./ B.H.M.S. (Graded) : _____
 5. Date of Registration for the said course _____
 Permanent Regn. No. _____
 6. Date of Approval of Topic of Dissertation _____
 7. Residential Address (Local) _____
 8. Residential Address (Permanent) _____
 9. Mobile No. _____

CERTIFICATE

1. " I hereby certify that the applicant took the Degree recognized by CCH in Homoeopathy in _____ and that subsequent to his obtaining the Degree and Admission to M.D. (Hom) Regular Course Part-I has completed the House job from _____ to _____ i.e. one year in our Homoeopathic Hospital / Institution.

 Signature of the Head of the
 Recognized Homeopathic Hospital / Institution.

2. " I certify that the applicant has undergone the training of three terms (from _____ to _____) after taking admission to M.D. (Hom) Regular Courses-Part-I and completed the course of studies in the general subjects, in which the candidate seeks admission to the examination".

OR

" I certify that the applicant has to fail to pass the M.D. (Hom) Regular Course Part- I Examination held in _____ 200 _____, and that during the interval between the declaration of his / her failure and the date of this application, he / she has pursued a further course of study in the subject of _____ examination to my satisfaction.

Place : _____

Date : _____

 Signature of the Head of the
 College / Institution. with
 Seal of the College / Institution