

Category _____

Quota _____

All India Rank No. _____

Prescribed Application Form

To,
The Principal,
Dr. Ulhas Patil Homoeopathic Medical College & Hospital,
Jalgaon Kh., Tal. & Dist. Jalgaon 425309.

Date :-

I the undersigned request you to kindly consider my application for the admission in BHMS degree course (vacant seats against 85%/ NRI/ Against NRI quota) for the academic year 2017-18.

Full Name of the candidate

Residential address with phone no.:-

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Date of BirthCategory.....

Details of NEET UG-2017 Marks obtained

All India Rank No.	Marks obtained			Total
	Phy	Chem	Bio	

Details H.S.C. marks obtained

Phy out of	Chem out of	Bio out of	Eng out of	Total out of	Percentage Obtained
_____	_____	_____	_____	_____	

I hereby declare that all the information furnished and documentary proof submitted is correct. I am aware that my admission will be cancelled if anything is found untrue.

Enclosures: Photocopies of all documents prescribed of brochure of NEET UG-2017.

Signature of applicant