

# KONKAN EDUCATION SOCIETY'S C.H.K. HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, ALIBAG - RAIGAD (M.S.)

The Principal, K.E.S., C. H. Kelus Medical College & F	kar Homoeopathic Hospital, Alibag, Dist Raigad.  Passport Size Photograph of the Candidates				
	N FOR ADMISSION TO <b>FIRST YEAR B.H.M.S.</b> OR THE ACADEMIC YEAR				
PARTICULARS  1) All entries must be filled in Capital letters 2) ✓ Tick Mark wherever applicable 3) Application must be accompanied with 01 original set & 03 attested photo copies of required certificates.					
1. Candidates Na	ame				
Surname	:				
First Name					
Father's Name					
2. Date of Birth: Date: Month: Year: 3. Age in Complete Years:					
4. Place of Birth:					
5. Blood Group	:				
6. Admission Quota: DMER/Management/NRI:					
7. Gender	: Female				
8. Category	. Category : Open / Reserved (SC/ST/SBC/VJ/NT1/NT2/NT3/OBC)				
9. Father's Full Name & Occupation	: Service / Business / Profession / Farmer / Labour / Retired				
10. Mother's Nan	ne & Occupation : Service/House Wife (write only First Name)				
11. Father/Guar	dians Income per Annum :				
12. Address for C	orrespondence :				

PIN

To,

			2				
13. Perma	nent Address:	Write only if diffe	rent then "Ad	ldress for (	Corresponden	ce")	
				Р	I N		
14. Contac	ct Numbers (wi	th STD Code)					
(M)			Tel.No	o.)			
(M)			Paren	t(M)			
E-Mail A	ddress of student	:					
15. Organs	Donation:	Willin	g	Not Will	ing		
16. Name o	of Organs : (if v	villing)					
Name of Examination	Name of School/College	Name of Board/Univ.	Month & Year of Passing	PCB Marks	Total Marks Obtained	Out of Mark	Perce tage
S.S.C.				$\times$			
H.S.C.				$\times$			
NEET-2017							×
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#### 17. Marks Obtained at HSC exam:

Pr	nysics	Chemistry	Biology	Total(P CB)	Percentage (PCB) %	NEET Marks

#### 18. Declaration of student :

I hereby declare that I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake to complete the requisite internship/training during the period of the course. I am aware of the Maharashtra Prohibition of ragging Act 1999 and I state that I will abide by all the rules and regulations of the said act.

Place:

Date:

Signature of the Student

#### 19. Declaration of Parents/Guardian:

I have permitted my son/daughter to join your college. The information Supplied by he is correct to the best of my knowledge. I have acquainted myself with the rules and fees.

Place :

Date:

Signature of the Parent/Guardian

Note: Admission will be done after the submission of all relevant original documents & fees. Admission will be confirmed by the Maharashtra University of Health Sciences, Nashik & Pravesh Niyantran Samity, Mumbai.

#### FOR OFFICE USE ONLY

Date of Admission	Clerk	Recommended	Principal

DOCUMENTS REQUIRED IN FOLLOWING ORDER (All the Original & 03 sets of Attested photocopies)

Sr.No.	Tick	Name of Certificate
1.		Admit card of NEET UG 2017
2.		Copy of Online Application Form(Latest)filled on www.dmer.org
3.		NEET UG - 2017 Mark sheet
4.		Nationality certificate issued by District Magistrate/Addl.District Magistrate of Metropolitan Magistrate (Competent Authority for issue of such certificate)/valid Indian passport/School Leaving Certificate of HSC / 12 <sup>th</sup> Std. indicating the nationality of the candidate as 'Indian'.
5.		Domicile Certificate issued by District Magistrate/Metropolitan Magistrate/Addl.District Magistrate or Competent Authority for issue of such certificate.
6.		HSC (or equivalent) examination Mark sheet
7.		SSC (or equivalent) passing certificate (for date of Birth)
8.		Aadhar Card
9.		Medical Fitness certificate (Anexure-H)
	If app	plicable :
10.		Caste Certificate
11.		Caste Validity certificate
12.		Non-Creamy layer Certificate valid up to 31/03/2018 (for VJ, NT1, NT2, NT3, & OBC including SBC)
13.		D1/D2/D3 : Ex-servicemen Certificate, actual service certificate.
14.		D1/D2 : Domicile Certificate of Defence person.
15.		D3 : Transfer certificate.
16.		MKB : Disputed area certificate, Mother tongue certificate, SSC/HSC from MKB area.
17.		HA: Parent Domicile certificate, SSC/HSC of candidate from hilly area.
18.		For Person with disability (PWD) candidates-Medical Fitness Certificate of Authorized Medical Board.
19.		Leaving Certificate / T. C.
20.		Report of Hemogram (CBC)
21.		Selection Letter issued by D.M.E.R., Mumbai (for Govt. Quota only)
22.		Gap Certificate (made by the student duly certified by Executive Magistrate/Notarized (If applicable)
23.		SSC Mark sheet
24.		T.C. & Migration Certificate (If applicable) a) Students who have passed HSC examination from Outside Maharashtra b) After passing HSC/Qualifying examination, students who have joined any other course for period of more than Six months.
25.		Anti-Ragging form.
26.		Voter ID
27.		Four color Passport Size Photographs
28.		Two Envelopes with Correspondences Address

### ANNEXURE - H

## **MEDICAL FITNESS**

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead**:

CERTIFICATE OF MEDICAL FITNESS						
	This is to certify that I have conducted clinical examination of					
Mr./Ms who i						
desirous of adn	nission to Health Sciences Cou	urses.				
He/she	has not given any personal hi	istory of any disease incapacitating him/her				
to undergo the	professional course. Also, on	clinical examination it has been found that				
he/she is medi	cally fit to undergo the profess	sional course.				
Certified that h	e/she fulfills the following crit	teria.				
(1)	Absence of any incapacitating	g and/or progressive systemic				
disease/	disorder /condition.					
(2)	Absence of any disability of L	Jpper limb/s.				
(3)	Absence of any major visual/	'auditory disability.				
(4)	Absence of psychosis/neuros	sis/mental retardation.				
(5)	Ability to maintain erect post	ture.				
(6)	Reasonable manual dexterity	'.				
Though, following deviations have been revealed, in my opinion, these are no impediments to pursue a carrier as a Medical / Dental / Ayurved / Unani Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology Prosthetics & Orthotics / B.Sc. Nursing. (Strike, which is not applicable):						
Address of the R	egistered Medical Practitioner	Signature				
		Name				
		Registration No.				
		Seal of Registered Medical Practitioner				
Date :						