

First BHMS Admission Year:**Application Form Number:** _____

PANCHSHEEL HOMOEOPATHIC MEDICAL COLLEGE, KHAMGAON
CIVIL LINES, KHAMGAON, BULDHANA- 444 303
Affiliated to Maharashtra University of Health Sciences, Nashik
Academic Year : _____

**Pest Your
Passport Size
Photo**

Studying Year :-	SECOND BHMS	(Please Tick)
	THIRD BHMS	(Please Tick)
	FINAL BHMS	(Please Tick)

Name of Applicant:

Father's/Husband's Name _____ Date of Birth _____

Mother's First name _____ Gender: Male/ Female _____

Place of Birth _____ Student Mobile No. _____

Email ID: _____ Parent Mobile No. _____

Aadhar No. _____ PRN Number _____

Permanent Address : _____

Last Year Educational Details Section

Name of Exam. Month & Year	Seat Number	Total Marks Obtained	Percentage	Mark Sheet	Fees Receipt
				(Please Tick)	

Declaration by Applicant

I _____ hereby declare and agree that,

- The information furnished by me in this application form is true, complete and correct to the best of my knowledge and belief.
- I have read the rules related to the admission and will be responsible for any discrepancy arising out of the form signed by me and understand that, in absence of any document, the final admission will not be granted and /or admission will stand cancelled.
- I am aware of the Anti Ragging Act and Guidelines against Sexual Harassment. If found guilty of ragging and/or sexual harassment, I shall be liable for punishment according to the University regulations.
- I shall refrain from engaging in any behavior or activity that is prohibited as per the University regulations.
- I also understand that the applicable reservation rules for eligibility of admission in any course/ program shall be as per the prevailing guidelines of the Government of Maharashtra.

Place: Khamgaon

Date: / /20

Signature of the Applicant**Declaration by Guardian**

I have permitted my son/daughter/ward to apply for your college. The information supplied by him/her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son/daughter/ward and to see that he/she observes.

Place: Khamgaon

Date: / /20

Signature of the Guardian**For College office Use Only**

Accountant/Cashier	Cash/DD/Cheqe	Receipt No:	Date