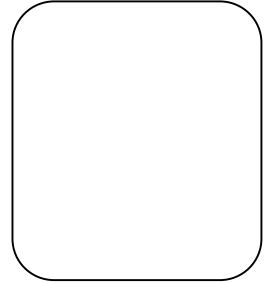




Maa Kalawati Homoeopathic Medical College & Hospital

Rajaulatu, Namkum, Ranchi-10
 Ph.0651-2461794, 9771480879 Website : www.mkhmch.com.
 Recognised by: C.C.H., New Delhi & Govt. of Jharkhand



ADMISSION FORM

1. Full Name (IN BLOCK LETTER)
2. Father's/Guardian's Name
3. Mother's Name
4. Date of Birth
5. Present Address & Phone (Present Postal address)
6. Permanent Address & Phone
7. Name of Institution last attended University/Board/Council & Year of Passing
8. Nationality Religion Caste Mobile No.
 Gender : Male Female Marital Status

Name of Examination	Name of University of Board	Year and month of Passing	Subject taken	Total Marks & Marks obtained	Name of School or College
Matriculation					
I.Sc. or its equivalent					
B.Sc.					
Any other					

DECLARATION

I, hereby declare that statement made herein above is correct to best of my knowledge. I also undertake to see that I shall abide all the rules and regulation of your Institution. I shall be responsible for the payment of all prescribed amount. I shall be responsible, if my application is rejected for any reason by the university.

Signature of Guardian

Signature of Candidate

CERTIFICATES REQUIRED WITH APPLICATION FORM:

- Selection letter
- HSC (XII Standard) or equivalent marks sheets
- Transfer Certificate
- Migration Certificate
- SSC Certificate
- Date of Birth proof certificate
- Physical fitness certificate
- Caste certificate (for SC/ST OBC students)
- Character Certificate from previous school.
- Four Photograph

- P.S. :**
1. Your eligibility is subject to confirmation from the University Authorities.
 2. In case of any dispute, the Ranchi High Court, Ranchi will have entire jurisdiction.
 3. Demand Draft of Rs. 500/- in favour of "Maa Kalawati Homoeopathic Medical College & Hospital" payable at Ranchi, along with downloaded application form.