

**B.H.M.S / M.D**  
**ADMISSION FORM 20 - 20**  
**KAKASAHEB MHASKE HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**  
**& POST GRADUATE INSTITUTE, AHMEDNAGAR**

Name of the Student \_\_\_\_\_

Admitted Category \_\_\_\_\_ Gender: MALE / FEMALE \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_

Date of Admission \_\_\_\_\_

Examination Passed \_\_\_\_\_ University / Board \_\_\_\_\_

Year & Month of Passing \_\_\_\_\_

PCB Marks \_\_\_\_\_ PCB Percentage \_\_\_\_\_ PCB GUIDE \_\_\_\_\_

Name of Entrance Exam & Year \_\_\_\_\_

Professional Sanction Date \_\_\_\_\_

State Merit List No. \_\_\_\_\_ NEET Merit List No. \_\_\_\_\_

Admitted Category \_\_\_\_\_ Certified Category \_\_\_\_\_

CET Marks \_\_\_\_\_ CET % \_\_\_\_\_ NEET Marks \_\_\_\_\_ NEET % \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ STD Code \_\_\_\_\_ Email Address \_\_\_\_\_

Last attended School / College name & address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subjects of Last appeared exam:

Subject	Marks Obtained
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

Total Marks Obtained \_\_\_\_\_ Grade \_\_\_\_\_

Date of Eligibility & No. \_\_\_\_\_

Parent's Signature

Student's Signature