

GOVT HOMOEOPATHIC MEDICAL COLLEGE

KOZHIKODE

APPLICATION FOR ADMISSION TO THE INTERNSHIP

1. NAME OF APPLICANT :
2. ADMISSION NUMBER :
3. AGE AND D.O.B :
4. NAME OF FATHER OR
GAURDIAN :
5. ADDRESS FOR
COMMUNICATION :

6. PROVISIONAL REGISTRATION
NUMBER and DATE :
7. REGISTERED COUNCIL :
8. QUALIFICATION

- a. REGISTER NUMBER : (as per on ID card)
- b.

YEAR	MONTH & YEAR OF PASSED	PERCENTAGE OF TOTAL MARKS
1 ST		
2 ND		
3 RD		
4 TH		

I hereby declare
that the above facts are true to my knowledge and belief.

I also agree to abide by all the rules and regulations in regards to the college and hospital as
made clear and available to me at the time of enrollment.

Place
Date

Signature
Name

Admitted on

Principal

GOVT HOMOEOPATHIC MEDICAL COLLEGE

KOZHIKODE

Request for NO DUE CERTIFICATE

I have completed 4th year of BHMS successfully. I request you to issue No Dues for the admission of Internship.

Yours faithfully

(Name & signature Of Applicant)

No Dues Certificate

Sl no	Particulars	Signature	Remarks if any
1.	Department of Anatomy		
2.	Department of Physiology & Biochemistry		
3.	Department of Pharmacy		
4.	Department of Organon of Medicine		
5.	Department of Materia Medica		
6.	Department of Surgery		
7.	Department of Pathology & Microbiology		

8.	Department of Forensic Medicine & Toxicology		
9.	Department of Obstetrics & Gynecology		
10.	Department of Case Taking & Repertorisation		
11.	Department of Community Medicine		
12.	Department of Practice of Medicine		
13.	Library and E learning Centre		
14.	Hostel Rent (from Office)		
15	Hostel (Warden)		Vaccated (yes / no)
16	STUDENT ID (applicable for only KUHS)		Reg no: (lost/ not)

Recommended by

Academic In Charge

Approved

Principal