



People's Education Society & Trust's  
**A.M. SHAIKH HOMOEOPATHIC MEDICAL COLLEGE,  
 HOSPITAL, P.G. & RESEARCH CENTER**  
 Shaikh Campus, Nehru Nagar, Belgaum - 590010  
 Website: www.pestbgm.org Email : info@sgibgm.org  
 Tel: 0831-2473253 (Extn 287) Fax: 2494555

FORM NO:



**APPLICATION FOR ADMISSION**

**INSTRUCTION: FORM SHOULD BE FILLED ONLY IN CAPITAL LETTERS**

A M S C / U /

COURSE B H M S YEAR F I R S T

NEET REG. NO. (Enclose result sheet of NEET exam) NEET SCORE

NEET RANK YEAR OF PASSING D D M M Y Y Y Y

FIRST NAME OF STUDENT

FATHER'S NAME

SURNAME

MOTHER'S NAME

BLOOD GROUP OF THE STUDENT DATE OF BIRTH D D M M Y Y Y Y GENDER M F

MOTHER TONGUE:

RELIGION: CASTE: CATEGORY

COMMUNICATION ADDRESS

PIN

DISTRICT STATE

STUDENT MOBILE NO. E-MAIL

PERMANENT ADDRESS

PIN

DISTRICT STATE

STUDENT AADHAR NO. STUDENT PAN No.

PARENT'S / GUARDIAN'S MOBILE: EMAIL

QUALIFICATION OF FATHER MOTHER

OCCUPATION OF FATHER MOTHER

ANNUAL INCOME OF PARENT / GUARDIAN: Rs. PER ANNUM

PREVIOUS EXAMINATION DETAILS:

EXAMINATION PASSED	BOARD NAME	MONTH & YEAR	MAX MARKS	OBTAINED MARKS	%

ELIGIBILITY DETAILS

PHYSICS / CHEMISTRY / BIOLOGY MAX MARKS: MARKS OBTAIN: %:

PREVIOUS COLLEGE

REFERRED BY

