

Price Rs. : 30/-

UNIVERSITY OF PUNE

No. :



**Doctor of Medicine (In Homoeopathy) Examination [वैद्यक वाचस्पती (होमिओपॅथी)]
External Course [M.D. (HOM.) Final Examination] April/October 200 .**

(Admission Fee : Rs. 2750/-)

To,
The Controller of Examinations,
University of Pune,
Pune-411007.

Sir,

I request permission to present myself at the ensuing M.D.(Hom.) External Course Final examination for the Degree of Doctor of Medicine in Homoeopathy [वैद्यक वाचस्पती (होमिओपॅथी)] at centre. I wish to answer the question papers in the English language and/or claim exemption in the following subjects as I have passed in this/these subject/s at examination shown against them :

Name of Subject (General Subjects)	Year and Month of Passing
1. Materia Medica (Pura & Applied)	
2. Homoeopathic Practice of Medicine (including Gyn. & Obst.)	
3. Organon of Medicine & Philosophy	
4. Repertory	

Declaration

1. I hereby declare that I shall not claim any concessions on religious ground.
2. I hereby declare that I have gone through the syllabus prescribed for the examination for which I am appearing.
3. I shall be responsible for any errors and wrong or incomplete entries made by me in the examination form.

Place :

Your's faithfully,

Date :

Signature of the Candidate

Name :

- Fill in the column which is applicable.
- The student is requested to attach the xerox copy of the statement of marks of the latest examination/ or attempt.

[P.T.O.

PERSONAL DETAILS

1. Name in full in CAPITAL LETTERS :
(beginning with Surname)
Mother's Name :
Also in Devnagari Script :
- (Note : Applicant from South India and upcountries should write the name in the manner in which the same should appear on University Record.)
2. Male or Female : 3. Student/Ex-Student :
4. Year and Month of Passing B.H.M.S./B.H.M.S.(Graded)/D.H.M.S./L.C.E.H. :
5. Date of Registration for the said course :
Permanent Registration No.
6. Date of Approval of Topic of Dissertation :
7. Residential Address (Local) :
8. Residential Address (Permanent) :
9. Mobile No.

CERTIFICATE

1. I hereby certify that the applicant took the Degree/Diploma recognized by CCH in Homoeopathy in and that subsequent to his obtaining the Degree and Admission to M.D.(Hom.) External Course has completed the academic activities prescribed in the rules and regulations of the course.

.....
Signature of the Head of the
Recognized Homoeopathic College/Institution
2. I certify that the applicant has undergone the training of two years (from to)
after taking admission to M.D.(Hom.) External Courses and completed the course of studies in the subjects, in which the candidate seeks admission to the examination.

OR

I certify that the applicant has failed to pass the M.D.(Hom.) External Course Final Examination held in 200 and that during the interval between the declaration of his/her failure and the date of this application, he/she has pursued a further course of study in the subject of examination to my satisfaction.

Place :

Date :

.....
Signature of the Head of College/Institution
with Seal of the College/Institution