



GOVERNMENT OF TELANGANA  
J.S.P.S Govt. Homoeo Medical College  
Ramanthapur, Hyderabad - 013

**ADMISSION FORM FOR MD (Homoeo) COURSE**  
**FOR THE ACADEMIC YEAR 20 - 20**

AIAPGET Application No.	AIAPGET Rank		
AIAPGET Registration No.	AIAPGET Marks Percentile		
AIAPGET H.T.No.	Admission Category (as per allotment order)		
Date of Admission	Category	AIQ/CQ/CGN	
1.	Full Name (in block letters as in SSC Certificate)		
2.	Father / Guardian's name		
3.	Gender	Male	Female
4.	Date of Birth		
5.	Nationality / Mother Tongue		
6.	Social Status/Caste/Sub Caste		
7.	Intermediate H.T.No.	Month & Year of passing	
8.	BHMS Hallticket No.	Month & Year of passing	
9.	Occupation of Parent		
10.	Permanent Address of Parent / Guardian	Student Cell No. _____ Father Cell No. _____ Mother Cell No. _____ Email ID: _____ Aadhar No. _____	
11.	Present Address		
12.	Identification Marks		
13.	Blood Group		

LATEST  
PASSPORT SIZE  
PHOTO

## **UNDERTAKING BY STUDENTS / PARENTS**

I, Mr./Miss \_\_\_\_\_ S/o.  
D/o. \_\_\_\_\_ studying in MD (Homoeo) in  
J.S.P.S Govt. Homoeopathic Medical College, Ramanthapur, Hyderabad hereby undertake  
that, I will fulfill the following requirements.

1. My class attendance will be more than 80% in all the theory and practical subjects of all semesters, failing which the College management may detain me from appearing in the K.N.R. University of Health Sciences, Warangal examinations.
2. I will attend all the classes regularly throughout the year. In case of Medical reasons or other unavoidable circumstances, I will submit the leave application along with supporting documents to my HOD / Dean within 2 days of rejoining my classes.
3. I will not use such words or language with any student which embraces him / her.
4. Mobile phones are prohibited in the campus hence I will not use mobile phones during class work.
5. I will maintain discipline inside and outside campus.
6. I will not indulge in or initiate bunking classes.
7. I have fully understood the rules and regulations of this College and promise to abide by the same.
8. If I remain absent continuously for 30 days, my parents will have to meet the Principal to take permission to attend classes.
9. If I remain absent continuously for 3 months, my parents have to take permission from KNRUHS, Warangal to attend classes.

I have gone through carefully the terms of the above undertaking and understand that following of these terms are for my / his / his own benefit and improvement. I also understand that, if I / He / She fails to comply with these terms, I / He / She will be liable to suitable action as per College / University rules. I undertake that, He / She will strictly follow the above terms.

Father / Mother Name : \_\_\_\_\_

Student Name : \_\_\_\_\_

Signature of Parent : \_\_\_\_\_

Signature of Student : \_\_\_\_\_

Date: \_\_\_\_\_ Place \_\_\_\_\_



GOVERNMENT OF TELANGANA  
J.S.P.S Govt. Homoeo Medical College  
Ramanthapur, Hyderabad - 013  
Website: [JSPSGHMC.ORG.GOV.IN](http://JSPSGHMC.ORG.GOV.IN)  
E. Mail: [jspsghmchdts@gmail.com](mailto:jspsghmchdts@gmail.com)

**RAGGING:**

The parents have to give an undertaking (as per judgment of Hon'ble High Court of T.G) in form 6 that, in the event of their Son / Daughter committing or indulging in the Act of Ragging, they would also be liable for punishment along with their ward.

FORM – III  
(UNDERTAKING BY CANDIDATE / PARENT ON RAGGING)  
UNDERTAKING OF CANDIDATE

I, Mr./Miss. \_\_\_\_\_ with AIAPGET \_\_\_\_\_ Rank \_\_\_\_\_ Son / D/o. \_\_\_\_\_ admitted into MD (Homoeo) Course of K.N.R University of Health Sciences, Warangal, Telangana State in the Academic year \_\_\_\_\_ at J.S.P.S Govt. Homoeopathic medical College, Ramanthapur, Hyderabad T.S, assure that, I will not indulge in the Act of Ragging or indiscipline during study Sciences. If violated the University / College authorities may take appropriate action against me.

Signature of the Candidate : \_\_\_\_\_

Name of the Candidate : \_\_\_\_\_

Date : \_\_\_\_\_

UNDERTAKING OF CANDIDATE'S PARENT

I, Sri. / Smt. \_\_\_\_\_ F/M/o. \_\_\_\_\_ who is admitted into MD (Homoeo) of K.N.R. University, Warangal, Telangana State, in the Academic year \_\_\_\_\_ at J.S.P.S. Govt. Homoeo. Medical College, Hyderabad assure that, my Son / Daughter will not indulge in the Act of Ragging at any stage during his / her study period in the College affiliated of KNR University. If violated, I may also be liable for any type of punishment alongwith my Son / Daughter.

Signature of the Parent : \_\_\_\_\_



Name of the Parent : \_\_\_\_\_

Date : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. : \_\_\_\_\_

**APPLICABLE FOR AIQ/CQ/CGN QUOTA CANDIDATES**

		<b>Scanned Photo of the Candidate (Attested by the Principal)</b>	
<b>KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506002</b>	<b>JSPS GOVT. HOMOEEO MEDICAL COLLEGE, RAMANTHAPUR, HYDERBAD-013</b>		
<b>DETAILS OF THE CANDIDATE ADMITTED INTO AYUSH COURSE FOR THE ACADEMIC YEAR 20 -20</b>			
<b>S.No.:</b>	<b>AIAPGET Rank:</b>	<b>AIAPGET Roll No:</b>	<b>KNRUHS Merit:</b>
<b>Student Name (Block Letters):</b>			
<b>Father's Name:</b>			<b>Gender:</b>
<b>Address:</b>			
<b>Category/Caste:</b>		<b>Local/Non-Local:</b>	
		<b>DOB (DD/MM/YYYY):</b>	
<b>Qualifying Examination Board:</b>		<b>Allotted Quota (AIQ/CGN/CQ):</b>	
<b>Allotted Details as per KNRUHS Allotment Letter: (Please Refer to the Allotment letter issued by KNRUHS)</b>			
<b>College Code: 211</b>			
<b>Mobile Number (10 Digits Only):</b>			
<b>Email ID:</b>			
<b>Aadhaar Number:</b>			
<b>Total Marks Obtained in Eligibility Exam:</b>		<b>Maximum Marks in Eligibility Exam:</b>	
<b>Identification Marks (As per SSC/Birth Certificate)</b>	1)		
	2)		
<b>Signature of the Candidate</b>	<b>Signature of the Principal along with the Official Seal</b>		