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G.D. Memorial Trust's

.D.MEMORIAL HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

EAST RAMKRISHNA NAGAR, PATNA 800027 Ph. (0612) 2380773, 0-9308287153. Fax- (0612) 2382698 Web site Web: www.gdmhmch.com . RECOGNISED BY C.C.H., NEW DELHI & GOVT. OF BIHAR AFFILIATED TO DR. B.R. AMBEDKAR BIHAR UNIVERSITY, MUZAFFARPUR

APPLICATION FORM

То	The Principal G.D. Memorial Homoeopathi East Ram Krishna Nagar, PATNA 800027	ic Medical	College & Ho	ospital,									
Sir,													
Rec	I, undersigned beg to apply to ular student in the subject in orde					of M.D. (Hon	n.) in you	r college as a					
09	I hereby undertake to abide	•	ŭ		the college, i	if I am admit	ted to the	course. The					
part	iculars are given below and the li												
	<u>Subject</u>	<u>Prefere</u>	<u>nce</u>	<u>Su</u>	<u>bject</u>		<u>Preference</u>						
1.	Materia Medica	()	5.	Pediatrics		()					
2.	Organon & Hom. Philosophy	()	6.	Psychiatry		()					
3.	Repertory	()	7.	Pharmacy		()					
4.	Practice of Medicine	()										
1.	Full Name of the Candidate (in I	Block Lette	are):										
١.	Tui Name of the Candidate (iii)												
2.	Father's/Guardian's Name (if Fa	ther is not	Guardian):										
3.	Mother's Name :												
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4.	Address for Correspondence wi	th PIN Co	de and State	:									
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5.	Permanent Address with PIN ar	id State											
6.	Telephone Number				Mobile N	lumber 🔲							
7.	E-mail ID												
8.	Date of Birth : Day	Month	n Y	ear 🔲									
9.	Gender:												
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