

LORD MAHAVIRA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KITCHLU NAGAR, CIVIL LINES, LUDHIANA - 141 001 (Pb.) INDIA
(Affiliated with Guru Ravidas Ayurved University Punjab, Hoshiarpur)

DECLARATION

Affix
Non-Judicial
Stamp
of Rs. 25/-

We (Candidate) S/o, D/o and

(Guardian) S/o, D/o

declare as under :

(A) BY CANDIDATE

1. I have applied for admission to B.H.M.S. course in session 20..... at LMHMC&H, Ludhiana, in response to their prospectus after having read and understood all terms and conditions mentioned therein.
2. If admitted to B.H.M.S. course 20....., I agree to abide by the discipline of the college, to avail myself of all the opportunities of academic instructions and to appear in all the college tests whenever required to do so by the college authorities.
3. I understand that the duration of course of instruction for the degree of B.H.M.S. (Bachelor of Homoeopathic Medicine & Surgery) shall be 5 Years and 6 Months including One Year of Compulsory Internship.
4. I understand that if all the certificates submitted are not approved by the authorities concerned, my admission will be cancelled.
5. If admitted to the college, I agree that my admission can be cancelled if I am found to have submitted incorrect or incomplete information to the college authorities. I agree that in such a case, any fees paid shall not be refunded to me. Decision of the Principal in such a case will be final. I confirm that I have not been disqualified by any University.
6. I also understand that the decision of the Admission Committee will be final and that my admission made will be subject to approval by the Guru Ravidas Ayurved University Punjab, Hoshiarpur.
7. I understand that the full fee to be paid by me on being admitted to the course is as per the prospectus for 20..... and that the fee is payable either by cash or bank demand draft in the name of "Lord Mahavira Homoeopathic Medical College & Hospital, Ludhiana" against a proper receipt, and that cheques will not be accepted. I know and agree that fees once paid is not refundable.
8. I agree to pay all the dues as notified by the college authorities from time to time and on the dates fixed for the purpose and understand that fees / due once paid are not refundable. I agree that any outstanding dues against me as and when I leave the college be adjusted by the authorities concerned from my security deposit and the balance, if any, be claimed from me.
9. If I, directly or indirectly, take part in any movement to create any kind of disturbance during the period of the aforesaid course including compulsory Rotatory Internship period in the College/Hospital or hold or address a meeting in the College / Hospital that creates indiscipline or use alcoholic beverages or hallucinogenic drugs, I agree that my name shall be removed from the rolls of the college or that I shall be fined, rusticated or expelled from the college as decided by the college authorities, I agree that the decision of the college authorities in such matters shall be final.

10. I understand that I will be permitted to take BHMS Examinations of all Profs/Years if I possess the required attendance of at least 75% in Theory and 80% in Practical/Clinical or as decided by the affiliating university from time to time.
11. If the college authorities find, on the basis of my results in the college examination or my failure to take such examination, that I am not a fit candidate to be promoted to the next higher class or to appear in a professional examination, I agree to be detained in the same class or be debarred from appearing in the professional examination.
12. I also undertake that I will do my Internship only in Lord Mahavira Homoeopathic Medical College & Hospital, Ludhiana whenever it is due or at the place as determined by the competent authorities.
13. I shall abide all the terms and conditions of the Prospectus or Notified by the college authority from time to time.

(B) BY PARENT / GUARDIAN

14. I here by declare that if is admitted, he/she shall abide by the rules of Lord Mahavira Homoeopathic Medical College & Hospital, Ludhiana, given in the prospectus and those made by the authorities hereafter.
15. I hereby declare that I hold myself responsible for the timely payment of all the dues i.e. tuition fee, fines, canteen, mess and other charges etc. payable to Lord Mahavira Homoeopathic Medical College & Hospital in respect of my son/ daughter/ward, named during the period of his/her studies in Lord Mahavira Homoeopathic Medical College & Hospital, Ludhiana.
16. I declare he/she has never been disqualified by any University/Board.

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Signature of the Student

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Signature of the Parent / Guardian

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Guardian's relationship with the candidate

Witness : (with full name, address and signature)

1.

2.

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