





PHIA HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

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1 the application from	n in capital letters. The form s	hould be complete in all	respects. Incomplete fo	rms will not be co	onsidered.
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ereby state that the information made in this form is true to the best of my knowledge and belief. I have read in tail the rules and regulations of the college regarding attendance discipline and payment of fees agreed to abide them. I will not claim any refund of fees under any circumstances whatsoever and shall deposit the entire course a in case of withdrawal from the course.

UNDERTAKING

- I declare that I have not been debarred from joining any educational Institution or rusticated from the Institution University / Board last attended.
- I have read the prospectus and institution incorporate therein carefully.
- I have satisfied myself that I fulfill the minimum educational, physical and medical standards and that I agree to be dismissed from the institution if found deficient in these standards during the course of my stay at the college.
- I agree that admission may be granted to me on the conditions stated in the latest edition of the prospectus/syllabus prescribe by the competent authorities.
- I have read the rules & regulation & code of conduct as prescribed by Sophia College, Gwalior in this prospectus. Promise to abide by them and those that may be made in future. For the admission to the College and its hostel. I also promise that I will do nothing inside or outside the college that will interfere with its discipline.
- I undertake to maintain good conduct and behavior during any stay at the college.
- I undertaking to pay fees, hostel & mess charges, canteen dues and other expenses in the campus and on educational tours in time. All the disputes are subject to the jurisdiction of Gwalior only.
- This is to certify that father/guardian shell be responsible for regular fees, any other dues, good during his/her studies in the conduct and welfare of Mr./Ms._ college.

Signature of Father / Guardian	Signature of Applicant	Date_

Enclosure:

Admission No: Date of Admission:___ For office use on Receipt No:

Remarks: Checked qualification, age, subject and marks. Admission may be given.

(Admission Officer)

Admitted

(Signature of the registrar)

(Signature of the Principal)