



VIVEKANAND MEDICAL INSTITUTE OF ELECTROPATHY, HOSPITAL & RESEARCH CENTRE, AHMEDNAGAR (REGD.)

Affiliated to : Central Council of Electropathy, N.E.H.M. of India, New Delhi.

Recognized Enact : Dy. Minister, Ministry of Health & Family Welfare, Govt. of India.
(For Promotion, Development & Research of Electropathy)

Tech. Coll. with: G.B. Pant University of Agriculture & Technology, Pantnagar (Uttaranchal)

Ganesh Chowk, Bolhegaon Road, A'Nagar - 414 111. Ph. 0241- 2777854, Mob. 9049886506

Sr. No..... Admission No..... Roll No..... Enrolment No.....

APPLICATION FOR ADMISSION 201 -201

B.E.M.S. (Bachelor of Electropathy Medicine & Surgery)

(Note : To be completed in block letters by
Candidate's own handwriting, Incomplete applica-
tion forms will not be accepted.)

(For both girls &
boys) Affix your
passport size
photograph here
and attach three
more photographs
with the form

To,
The principal,
V.M.C.E., Ahmednagar
Respected Sir,

Please enrol me as a student of V.M.C.E., Ahmednagar for 4½ years medical course of B.E.M.S.
(Batchelor of Electropathy Medicine & Surgery) in 1st/2nd/3rd / 4th year.

1. Name of the Applicant (In Block Letters).....
2. Father's Name.....Occupation.....
3. Address(Present)

4. Date of BirthAge.....Sex.....Marital Status.....Caste.....

5. Educational Qualification.....

6. Number of Certificate submitted (in original)(Photo Copies)....

7. In Case of S.C./S.T./N.T. (Attatch Certificate).....

I hereby declare that the particulars given above are correct to the best of my-knowledge and that
I shall abide by the rules and regulations of the college.

1. I am also aware that the Electropathy is the new fifth herbal medical science in India undergoing its promotion, development & research on the national level & I also know that Electropathy practioners have a right to practice & Education in Electropathy system of medicine on the strength of the order of the Supreme Court of India, Govt. of India
2. I accept it as my career and have complete knowledge and also have no objection about this 5 th Medical Science. This Science is progressing under promotion, development and research Regd. S.R. Act 21 1860, This Act is based on the scientific Institution by the Govt. of India Act. (17.18 Vict. C-112) S -20 Qt. Sec.
3. Electropathy is a perfect and Independent Medical Science like other Medical Sciences already operating in the field and is natural & scientific.
4. I am seeking admission voluntarily in the class B.E.M.S.....year for knowledge as my career and also giving promises to deposit all dues within time.
5. In case of non-payment beyond permitted time, my name can be struck off from Institute in case of late deposition. I am aware of that fact as extra fee fine of Rs. 100/- with readmission charges of Rs.50/- will have submitted for continuation of studies.

6. I also promise to complete full course by attending 75 % practical lectures and 75 % theory lectures and after the successful completion of the course, I will serve the nation and humanity only by Electropathy Medicines, following the medical ethis of this pathy
7. In Case of migration I accept that will pay funds and dues for all course and migration fees of Rs. 1050/- before getting N.O.C.
8. I agree that
 - a. In case I could not attend the required number of pratical of theory classes.
 - b. Unable to clear my condition tests or House Examination Tests.
 - c. Unable to pay my dues
 - d. Misbehave, take part in strikes, make union to create funs in the institutions or do any act which is against the rule of the institution, principal has full power to debar me from sitting in the final exams or even can suspend me.
9. I have to the best of my knowledge that I can seek re-admission only upto 16 days from the time of suspension.
10. I also know that the Institutional authority, shall not be liable to provide travelling concession, bus passes, dissection facilities etc. by illegal way or unsocial ways. I also promise that I shall not interfere in administration work and if I do authority have power to struck off my name.
11. I also promise that neither I will create indiscipline not participated in any strike. I will not join any Union, Political party or illegal / unlawful union or society. If I do any of the above or disobey my superios, Institution authority have power to struck off my name or even rusticate.
12. I have gone through all the rules and regulations of the Institute and will abide to them during my stay at Institution.

Signature of Guardian / Father

Signature of applicant

Date :- / /201

Witness :

1)

2)

EDUCATIONAL QUALIFICATIONS

Sr. No.	Exam Passed	University /Board	Roll No.	Year of Passing	No. of Attempts	Subjects	School / College	% of Mark

Extra Curricular Activities

FOR OFFICE USE ONLY

Accepted / Rejected

Name

Receipt No.....I card No.....Library Card No.....Blood Group.....

Signature of
Checking Assistant

Principal
V.M.C.E., Ahmednagar



VIVEKANAND MEDICAL COLLEGE OF ELECTROPATHY, HOSPITAL & RESEARCH CENTRE, A'NAGAR(Regd.)

Authorised by : Ministry of Health & Family Welfare, Govt. of India

Technical Collaboration With: Dr. Y.S.P. University of Horticulture & Forestry , Solan (H.P.)

Ganesh Chowk, Bolnagaon Road, Ahmednagar - 414 111, Tel - (0241) 778848

१. प्रत्येक विद्यार्थ्यास कॉलेजच्या नियमांचे पालन करणे सक्तीचे आहे.
२. प्रवेश घेताना कॉलेजची ५० % फी भरावी लागेल.
३. एकदा भरलेली फी कोणत्याही सबबीवर परत केली जाणार नाही.
४. कॉलेजची संपूर्ण फी भरल्याशिवाय परिक्षा फॉर्म भरला जाणार नाही, यास स्वतः विद्यार्थीच जबाबदार राहील.
५. कॉलेजच्या कोणत्याही वस्तुची नासधुस केल्यास त्या वस्तुची संपूर्ण किंमत व १०० रु दंड भरावा लागेल.
६. कमीत कमी ७५ % हजेरी आवश्यक आहे अन्यथा परिक्षा फॉर्म भरला जाणार नाही.
७. विद्यार्थ्याने गैरवर्तन केल्यास किंवा वरील नियमांचे पालन न केल्यास त्याला कॉलेज मधुन काढुन टाकण्यात येईल / १०००/- रुपये दंड केला जाईल. / त्याच्या विरुद्ध कायदेशीर कारवाई केली जाईल.

विद्यार्थ्याचे संमती पत्र

मी कुमार / कुमारी

असे लिहून देतो / देते की, मी कॉलेजचे सर्व नियम व अटी वाचले आहेत व ते मला मान्य आहेत. वरिल नियमांचे उल्लंघन केल्यास मी कायदेशीर शिक्षेस पात्र राहिल व यास मी सहमत आहे.

आपला विद्यार्थी

दिनांक : / / २००

सही

नांव

पालकाचे संमतीपत्र

मी श्री. / श्रीमती

असे लिहून देतो की माझा मुलगा/ मुलगी कॉलेजच्या सर्व नियमांचे काटेकोरपणे पालन करेल अन्यथा तो / ती शिक्षेस पात्र राहील हे मला मान्य आहे.

आपला विश्वासू

दिनांक : / / २००

सही/ अंगठा

नांव

For office Use Only

Signature Of

Checking Assistant

Principle

V.M.C.E.A'Nagar