



MTES

D.S.Homoeopathic Medical College,
N.M.R.M. Homoeopathic Hospital

Office purpose

Sr.No. :

Cast :

Status :

DOCUMENT RECEIPT

Mr/Ms _____

Surname

Name

Father Name

Admitted during current Academic Year 2025-26 for 1st Year BHMS Class For Eligibility Purpose.

Sr.No	Name of the Documents	Admission Committee Remark	Office Remark
1	On line Registration (State CET Cell Application)		
2	Provisional Selection Letter (Download from Internet Copy)		
3	Nationality Certificate		
4	Domicile Certificate		
5	S.S.C. Mark (Sheet) 10 th Secondary School Certificate		
6	S.S.C. Board Certificate(10 th)		
7	H.S.C Mark Sheet (12 th)		
8	Neet' 2025 Marklist		
9	College Leaving Certificate (LC or TC)		
10	Caste Certificate (if applicable)		
11	<u>Caste Validity Certificate</u>		
12	<u>Non-Creamy Layer Certificate for VJ NT,OBC,SBC (31.3.2026)</u>		
13	Medical Fitness Certificate(physical) Annex-H		
14	Affidavit Gap Certificate		
15	Adhar Card (Xerox copy)		
16	Admit Card (Xerox copy)		
17	EWS Certificate (If applicable)		
18	Migration Certificate (If applicable)		
19	Hillary area Certificate (If applicable)		
20	Income Certificate (2024-25) Eligibility purpose		
	Total No of Documents		

Cross Check Sign & Date

(Adm Committee)

Student Signature

Name of Committee :

Note : Without this Receipt Original will be not returned

Reced Signature

Please Note : TWO SETS OF ATTESTED XEROX COPY BY (Notary,Gazetted Office) of the above documents are required at the time of admission.