

**STATE HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL,
ALIGARH (U.P.)**

Documents Required during Admission 2025 (BHMS)

Original documents (along with attested photocopies, preferably **02 sets** of documents) required at the time of joining in allotted ASU& H College are as below:

- i. Provisional Allotment Letter generated online from the AACCC portal.
- ii. Admit Card for the NEET (UG)-2025 Exam issued by NTA.
- iii. NEET (UG)-2025 Score Card
- iv. Date of Birth Certificate (if the 10th Standard Certificate does not bear the same)
- v. Class 10th Pass Certificate and Marks sheet
- vi. Class 12th Pass Certificate and Marks sheet
- vii. Eight (8) Passport size photographs. (Same as affixed on the NEET (UG)-2025/AACCC-UG counseling-2025 online application form).
- viii. Proof of identity (Aadhar/PAN card/Driving License/Voter ID/Passport)/Domicile Certificate
- ix. Medical Fitness Certificate issued by Registered Medical Practitioner in the prescribed format as attached in **Annexure-V**.
- x. Transfer Certificate/Migration from the last studied institution
- xi. The candidate should also bring the following certificate in the prescribed format attached in annexure(s), if applicable:
 - a) Disability Certificate issued by a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as per the Rights of Persons with Disability Act, 2016, will be accepted. Further, the authorized designated disability centres will issue the online generated PWD Certificate from the MCC portal, and the format of the same is annexed in **ANNEXURE-I**. No

other PWD certificate issued by any other Authorities/ Hospital will be considered for admission. (The qualified candidates with Benchmark Disability (PWD)- should get themselves certified at one of the Disability Assessment Boards, constituted in various States/UTs. The list of Authorized designated Centers that will issue Disability Certificates as per 21 Benchmark Disabilities given under RPWD Act 2016 is attached as ANNEXURE-I.)

b) The SC/ST Certificate issued by the competent authority should be in English or Hindi. Sub-caste should be mentioned in the certificate and tally with the respective central list of corresponding states published by the Government of India (<https://socialjustice.gov.in/common/76750>) and (<https://tribal.nic.in/KnowledgeHub.aspx>). The certificate should be as per the prescribed format of the Government of India (ANNEXURE-II).

c) OBC-NCL certificate issued by the Competent Authority (issued on or after 1 April 2025) as per the prescribed format of the Government of India. The sub caste in the OBC-NCL certificate should tally with the updated Central List of OBC: <http://www.ncbc.nic.in>. The OBC-NCL certificate format is attached as ANNEXURE-III.

d) Economically Weaker Section (GEN-EWS) certificate issued on or after 1 April 2025 by the Competent Authority. (ANNEXURE-IV)

xii. Online Anti-ragging Form (Student Undertaking) from UGC website: [https://antiragging.in/affidavit affiliated form.php](https://antiragging.in/affidavit%20affiliated%20form.php)

xiii. Affidavit from Applicant (Rupees 10.00/-)

xiv. Affidavit from Parents/Guardian (Rupees 100.00/-)

xv. Fee Demand Draft in Favor of **Principal, State Homoeopathic Medical College & Hospital, Chherat, Aligarh or Online Mode too.**

**Principal
SHMCH, Aligarh**

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.* ----- son/daughter* of ----- of village/town* ----- in district/Division* ----- of the State/Union Territory* ----- belongs to the ----- Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe* under:

- The Constitution (Scheduled Caste) Order, 1950
 - The Constitution (Scheduled Tribe) Order, 1950
 - The Constitution (Scheduled Caste) (Union Territories) Order, 1951
 - The Constitution (Scheduled Tribe) (Union Territories) Order, 1951
1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).
1. The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
 2. The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
 3. The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
 4. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
 5. The Constitution (Puducherry) Scheduled Caste Order, 1964
 6. The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
 7. The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
 8. The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
 9. The Constitution (Nagaland) Scheduled Tribes Order, 1970.
 10. The Constitution (Sikkim) Scheduled Caste Order, 1978.
 11. The Constitution (Sikkim) Scheduled Tribes Order, 1978.
2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:
- This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt* ----- of ----- father/mother of Shri/Smt/Kum* ----- of village/town* ----- in District/Division* ----- of the State/Union Territory* ----- who belongs to the ----- caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* ----- issued by the ----- (name of prescribed authority) vide their No ----- date -----
3. Shri*/Smt.*/Kum* ----- and/or his/her* family ordinary reside (s) in village/town* ----- of the State/Union Territory of -----.

Signature-----

Place-----State/Union Territory

** Designation-----

Date----- (With seal of Office)

* Please delete the words which are not applicable.

- Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

** Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. _____ Son/
Daughter of Shri/Dr. _____ of Village/Town _____
District/Division _____ in the _____ State belongs to the
_____ Community which is recognized as a backward class under:

- i. Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- ii. Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- iii. Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- iv. Resolution No. 12011/96/94-BCC dated 09/03/96.
- v. Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- vi. Resolution No. 12011/13/97-BCC dated 03/12/97.
- vii. Resolution No. 12011/99/94-BCC dated 11/12/97.
- viii. Resolution No. 12011/68/98-BCC dated 27/10/99.
- ix. Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- x. Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- xi. Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- xii. Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- xiii. Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- xiv. Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- xv. Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- xvi. Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____
District/Division of _____ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:

District Magistrate/Competent Authority Seal

NOTE:

- a) The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- b) The authorities competent to issue Caste Certificates are indicated below:
 - i. District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/ Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)
 - ii. Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.
 - iii. Revenue Officer not below the rank of Tehsildar.
 - iv. Sub-Divisional Officer of the area where the candidate and/or his family resides.
- c) The annual income status of the parents of the applicant should be based on the financial year ending 31st March 2025

Proforma for EWS Certificate

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____ Village/Street _____ Post. Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the last financial year. His/her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Recent Passport size
attested photograph of
the applicant

Signature with seal of Office _____
Name _____
Designation _____

**The income and assets of the families as mentioned
would be required to be certified by an officer not
below the rank of Tehsildar in the States/UTs**

***Note 1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.

****Note 2:** The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*****Note 3:** The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

MEDICAL FITNESS CERTIFICATE

A candidate must be medically fit to undergo the UG [BAMS/BSMS/BUMS/BHMS/ B. Pharm(Ay.)] course applied for. The Medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given bellow on a Letterhead:

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Mrs./Ms..... who is desirous of admission to UG [BAMS/ BSMS/BUMS/BHMS/B. Pharm (Ay.)] Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the UG [BAMS/BSMS/BUMS/BHMS/B. Pharm (Ay.)] course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and/or progressive systemic disease/disorder/condition.
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation.
- (5) Ability to maintain erect posture.
- (6) Reasonable manual dexterity.

Though following deviations have been revealed, in my opinion, these are not impediments to pursue a UG course in an Ayurved/Siddha/Unani/Homoeopathy/B.Pharm(Ay.) stream **(Strike, which is not applicable):**

- 1.....
- 2.....
- 3.....

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date:	



राजकीय होम्योपैथिक मेडिकल कालेज एवं अस्पताल,
कासिमपुर रोड, छेरत अलीगढ़

बी0एच0एम0एस0 पाठ्यक्रम फीस विवरण

क्र०सं०	श्रेणी	फीस
1	सामान्य	26000.00
2	अन्य पिछड़ा वर्ग	18500.00
3	अनुसूचित जाति/जनजाति	18500.00

आवश्यक बिन्दु: सम्पूर्ण फीस डिमाण्ड ड्राफ्ट के माध्यम से जमा जमा की जायेगी एवं डिमाण्ड ड्राफ्ट **"PRINCIPAL STATE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL CHERAT ALIGARH"** के नाम देय होगी।

Email ID - ahmcaligarh@gmail.com

आज्ञा से,
प्राचार्य।

DD के पीछे:

Name

Father's Name

NEETROLL NO.

Mobile No.