

Singhbhum Homoeopathic Medical College & Hospital
B.H.M.S. Entrance Examination 2011-12
Admit Card



PLEASE FILL UP FORM IN CAPITAL LETTERS ONLY

1. Name:

2. Address for correspondence

.....
.....
.....

Telephone No:

PIN:

Mobile No:

3. Address of Examination Centre: (to be filled by College Office)

.....
.....
.....

ROLL NUMBER

DATE OF EXAMINATION

Sunday, 31st July 2011

TIME OF EXAMINATION

02-00 PM TO 04-00 PM