



INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

APPLICATION FORM

Postgraduate Diploma Hospital and Health Management 2017 - 2019

Instructions:

1. The application form should be filled in by the student in her/his own handwriting.
2. All information asked for should be provided. Incomplete forms will be rejected.
3. In case of paucity of space, you can attach an additional sheet mentioning the item number responded.
4. The application fee is ₹ 1000/- in cash or by sending a demand draft drawn in favour of "International Institute of Health Management Research", payable at New Delhi.

List of the self attested documents to be attached with the application for admission:

1. Class X certificate
2. 10+2 certificate showing the subjects passed
3. Final mark sheet/degree of the candidates who have passed the qualifying degree

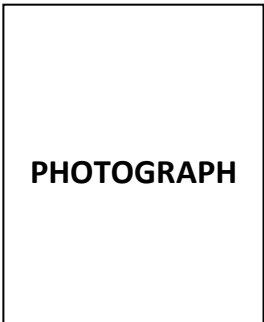
OR

Mark sheet of the pre-final year for those who have appeared at the final year exam for the qualifying degree

4. Copy of CAT/MAT/XAT/ATMA/GMAT/CMAT Score Card/Certificate(s) OR work experience
5. Character Certificate by the college/ a gazetted officer
6. Copy of PAN card/ Aadhar card/ Identity card.
7. 2 Passport size photographs with name written at the back.
8. Affidavits (Format¹) on Rs. 10/- non-judicial stamp paper duly signed by the student and the parent/guardian
9. Medical Certificate of fitness.



POSTGRADUATE DIPLOMA IN HOSPITAL AND HEALTH MANAGEMENT (2017-2019)



A. Biographical Information (Please fill all the details in capital letters only)

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Others (Please specify)	<input style="width: 95%;" type="text"/>
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i. Name:

First Name	<input style="width: 95%;" type="text"/>
Middle Name	<input style="width: 95%;" type="text"/>
Last Name	<input style="width: 95%;" type="text"/>

ii. Gender:

Male Female

iii. Date of Birth:

D	D	M	M	Y	Y	Y	Y
<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

iv. Nationality:

v. Father's Name (Do not write Sri/Mr./Dr./Dr. etc.):

vi. Mother's Name:

vii. Address for Correspondence:

For admission related communication

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
City	<input style="width: 95%;" type="text"/>
State	<input style="width: 95%;" type="text"/> Pin <input style="width: 20px;" type="text"/>

Contact No.

STD CODE

PHONE No.

<input style="width: 95%;" type="text"/>	-	<input style="width: 95%;" type="text"/>
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Cell No.

Permanent Address

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
City	<input style="width: 95%;" type="text"/>
State	<input style="width: 95%;" type="text"/> Pin <input style="width: 20px;" type="text"/>

Contact No.

STD CODE

PHONE No.

<input style="width: 95%;" type="text"/>	-	<input style="width: 95%;" type="text"/>
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Cell No.

Email ID: (Mandatory)

B. Application Fee* Details:

a) Cash b) DD DD No. Date Drawee Bank

*Please note that the fee is accepted either through cash or demand draftonly.

Receipt No. (If paid in cash).....

C. Academic Performance

Please give information about your academic qualifications (start with the last degree down to class X)

S.No.	Name of Examination	Name of Board/ University*	Year of Passing	% of Marks (aggregate)	Division

Write the total aggregate percentage of all the three years of **graduation** (Students whose final year result is awaited should write the aggregate percentage of previous years).....

** The degree/course should be recognized by a university in accordance with the Association of Indian Universities/MCI/AICTE/UGC.*

D. Entrance Exam:

S.NO.	Exam	Date	Composite Score
1.	CAT		
2.	MAT		
3.	XAT		
4.	ATMA		
5.	GMAT		
6.	CMAT		

E. Work Experience (Years):

S. No.	Organization	Designation/ Position Held	Year and Month From/ To

SECTION – B**Declaration by the Applicant**

I hereby certify that the above information provided by me is correct and, I understand that if the information is found to be incorrect or false, then I will be automatically debarred from the selection/admission process without any correspondence in this regard. I also understand that the application/registration/short listing does not guarantee admission in the institute. I accept the process of admission undertaken by the institute and I will abide by the decision taken by the institute authorities. I have checked the information carefully. I will, on admission, adhere to the rules and discipline of IIHMR. I hold myself responsible for the dues and payment of fees. I confirm that there is no legal case filed against me and will provide the necessary information as and when required by the institute.

 Name

 Signature

 Date

 List of the self attested documents to be attached with the application for admission:

S.No.	List of the documents	Tick in the box ✓)
1.	Class X certificate	
2.	10+2 certificate showing the subjects passed.	
3.	Mark sheets of all the semesters/ years, degree for the candidates who have passed the qualifying degree.	
	OR	
	Mark sheets of the pre-final semesters/ years for those who have appeared at the final year exam for the qualifying degree.	
4.	Copy of CAT/MAT/XAT/ATMA/GMAT/CMAT Score Card/ Certificate(s) OR work experience.	
5.	Character certificate by the college, a gazette officer.	
6.	Copy of PAN card/ Aadhar card/ Identity card.	
7.	2 Passport size photographs with name written at the back.	
8.	Affidavits (Format 1) on Rs. 10/- non-judicial stamp paper duly signed by the student and the Parent/guardian (as per format).	
9.	Medical Certificate of fitness.	

Affidavits (Format)

From Applicant:

I hereby declare that I am aware of the law regarding prohibition of ragging as well as the punishment and that if I am found guilty of the offence of ragging and/or abetting ragging, I am liable to be punished appropriately.

Name: _____

Signature _____

Parent/Guardian:

I hereby declare that I am aware of the law in regard to prohibition of ragging and agree to abide by the punishment meted out to my ward in case the latter is found guilty of ragging and/or abetting ragging.

Name: _____

Signature _____