Registration No. (for office use)

# OSMANIA UNIVERSITY
## HYDERABAD - 500 007

### Application for Entrance Test & Admissions into Master's Degree in Hospital Management (MDHM) for the academic year - 2018-2019

**(Offered by Appollo Institute of Hospital Administration and Decan School of Management)**

Application cost including registration fee: Rs.1000/-(Rs.600/- for SC/ST/PH candidates) on production of caste/ PWD certificate

**Particulars of the Fee paid:**
( Please write your name on the backside of the Demand Draft)

Name of the Bank : ................................

Branch     : ...........................................

**DD. No :** .........................**Date :** ........................ **Amount  :** .......................

Affix recent passport size Photograph & sign across it (Do not pin / stapple)

1. Name of the Candidate
   (in capital letters as entered in the qualifying examination)

2. Name of  the Father/ Mother

3. Sex (Put a ✓mark)  Male [  ]  Female [  ]   4. Date of Birth  D D | M M | Y Y Y Y

   **(Attach xerox copy of 10th Std.Certificate)**

5. Residential status (Put ✓ mark)  Local [  ]  Non-Local [  ]  Other than Telangana & A .P. [  ]
   (See annexure-I in Information Brochure)

6. Reservation Category (Put a ✓  mark)

| SC | ST | BC-A | BC-B | BC-C | BC-D | BC-E | Others |
|----|----|------|------|------|------|------|--------|
|    |    |      |      |      |      |      |        |

7. Name of the qualifying examination passed (Put a ✓mark)

   M.B.B.S. [  ]   B.D.S. [  ]   B.P.T. [  ]   B.Sc. [  ]

   B.Com. [  ]   B.A. [  ]   Others [  ]

8. Aggregate Percentage of Marks secured in the qualifying examination. [          ]

9. Address for Communication:_____

   _____

   _____

   _____

   Pin Code _____ Phone/Mobile No._____

   E-mail:_____

10.  Permanent Address

_____

_____

_____

_____

Pin Code_____Phone/Mobile No._____

E-mail: _____

11.  Particulars  of study during preceding seven (7) years ending with the qualifying examination:

| Course / Class | Year of study | School/College/University | Place / State |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
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12.  Declaration:

I hereby solemnly affirm that the above information is correct and I am aware that my admission is liable to be cancelled at any time in case any information is found to be incorrect.  I have gone through and understood the Rules, Regulations and Instructions of the Entrance Test and Admission procedure.

Date : _____                                    Signature of the Candidate

## CHECK LIST

Arrange the application and enclosures in the following order :

1. Demand Draft with required fee amount.
2. Application form.
3.  Xerox copy of 10th Std. Certificate (without this the application will not be accepted).
4. ICR Summary Sheet (not to be pinned or tagged to the application).
5. Please download ICR sheet in **A4 size only.**

**Note:** The entrance test date, time and place will be intimated to the candidates along with hall tickets.

**Hall tickets will not be dispatched to the candidates by post. The list of candidates applied along with Hall Ticket Number will be displayed in the college website. The students have to collect Hall Tickets from the college where they have applied. The college start issuing Hall Tickets from 3 days before the test. On the day of the test Hall Tickets will be issued at the Test Centre only. Candidates have to collect them at least one hour before the test at the test centre.**

**Submit the filled in application to**

The Principal
Apollo Institute of Hospital Administration
Apollo Health City, Jubilee Hills, Hyderabad-500 096
Telephone No. 040 -23543269, 23556850