



OSMANIA UNIVERSITY

ICR SUMMARY SHEET

**MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)
FOR THE ACADEMIC YEAR : 2021 - 2022**



Instructions to fill the ICR Summary Sheet

- a. Do not staple, wrinkle, scribble, wet or fold this form.
- b. Use Black ball point pen to fill the form.**
- c. Leave one box blank between surname and name.
- d. Write relevant codes in the boxes as applicable.
- e. Do not make any stray marks on this ICR form.
- f. Make sure that the letters/codes written should not touch the edges of the boxes.

Registration No.
(For office use only)

Registration No. (For office use only)

1. Name of the candidate [write in CAPITAL letters without touching edges of the boxes]																							
<table border="1" style="width: 100%; height: 25px;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																							
2. Father's/Mother's Name [write in CAPITAL letters without touching edges of the boxes]																							
<table border="1" style="width: 100%; height: 25px;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																							
3. Date of Birth		D D	M M	Y Y Y Y	4. Fee paid Rs.																		

Darken the appropriate circles below fully with BLACK ball point pen ●

5. Category : <input type="radio"/> SC <input type="radio"/> ST <input type="radio"/> OBC <input type="radio"/> BC-A <input type="radio"/> BC-B <input type="radio"/> BC-C <input type="radio"/> BC-D <input type="radio"/> BC-E <input type="radio"/> Others																							
6. Residential Status: <input type="radio"/> Local <input type="radio"/> Non Local <input type="radio"/> Others (Other than A.P.)																							
7. Sex: <input type="radio"/> Male <input type="radio"/> Female																							
8. Name of the qualifying examination: (M.B.B.S., B.D.S., B.P.T., B.Sc., B.Com., B.A., Others etc)																							
<table border="1" style="width: 100%; height: 40px;"> <tr> <td colspan="12"></td> </tr> </table>																							
9. Course name and code in which the candidate wants to write entrance test:																							
Course								Code No. (to be filled by office)															
<table border="1" style="width: 100%; height: 40px;"> <tr> <td colspan="8" style="text-align: center;">MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)</td> </tr> </table>								MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)								<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;"></td> <td style="width: 20px; text-align: center;"></td> </tr> </table>				4	5		
MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)																							
4	5																						

10. Address for communication:

(Write in CAPITAL LETTERS with Black ball point pen only)

Name :											
Address:											
PIN											
Mobile/Phone No.:											

Do not attest
the photograph
→

<p>11. Affix your recent Passport size Photograph (Do not Pin/Staple the Photograph)</p>

**12. Signature of the candidate
(within the box given above)**