



**ADMISSION TO POST GRADUATE PROGRAM IN HEALTHCARE MANAGEMENT  
2015-2016**

**Form No:**

**PART A**

**Personal Details**

**1. Full Name:**

**2. Gender:**

**3. Marital Status:**

**4. Date of Birth:**

**5. Mother Tongue:**

**6. Email Address:**

**7. Mobile Number:**

**8. Correspondence Address:**

Affix recent  
Passport Size  
colour photograph

**Signature**

**9. Permanent Address:**

**10. Parent's / Guardian's Address:**

**11. Educational Qualifications:**

<b>Class 10:</b>  Faculty:  School:  Board:	<b>Passing:</b>	<b>Marks (%):</b>	<b>Class:</b>
<b>Class 12:</b>  Faculty:  College:  Board:	<b>Passing:</b>	<b>Marks (%):</b>	<b>Class:</b>
<b>Degree:</b>  Faculty:  College:  Board:	<b>Passing:</b>	<b>Marks (%):</b>	<b>Class:</b>
<b>PG Degree:</b>  Faculty:  College:  Board:	<b>Passing:</b>	<b>Marks (%):</b>	<b>Class:</b>

**12. Additional PG / Diploma:**



**13. Work-Experience:**

**Total Months:**

<p><b>Organisation:</b></p> <p><b>Nature of work:</b></p> <p><b>Designation:</b></p> <p><b>From:</b> <span style="margin-left: 150px;"><b>TO:</b></span> <span style="margin-left: 100px;"><b>Months:</b></span></p>
<p><b>Organisation:</b></p> <p><b>Nature of work:</b></p> <p><b>Designation:</b></p> <p><b>From:</b> <span style="margin-left: 150px;"><b>TO</b></span> <span style="margin-left: 100px;"><b>Months:</b></span></p>
<p><b>Organisation:</b></p> <p><b>Nature of work:</b></p> <p><b>Designation:</b></p> <p><b>From:</b> <span style="margin-left: 150px;"><b>TO</b></span> <span style="margin-left: 100px;"><b>Months:</b></span></p>
<p><b>Organisation:</b></p> <p><b>Nature of work:</b></p> <p><b>Designation:</b></p> <p><b>From:</b> <span style="margin-left: 150px;"><b>TO</b></span> <span style="margin-left: 100px;"><b>Months:</b></span></p>

**14. Computer Proficiency:**

<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> MS Power Point	<input type="checkbox"/> MS Access
<input type="checkbox"/> Use of Internet	<input type="checkbox"/> Email Usage	<input type="checkbox"/> None	



**15. Family Background:**

<b>Father:</b> <b>Occupation:</b> <b>Organization:</b> <b>Designation:</b>
<b>Mother:</b> <b>Occupation:</b> <b>Organization:</b> <b>Designation:</b>
<b>Sister/Brother:</b> <b>Occupation:</b> <b>Organization:</b> <b>Designation:</b>
<b>Sister/Brother:</b> <b>Occupation:</b> <b>Organization:</b> <b>Designation:</b>

**16. Travel within India and outside India:**

**States traveled in India:**

**Countries traveled to outside India:**



**PART B**

**(Compulsory for all applicants)**

*Kindly handwrite your response. Do attach any extra sheets if required*

**17. State 3 of your strengths and weaknesses.**

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**18. What would you say are your hobbies or interests?**

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**19. Mention your achievements, both academic/non-academic in the last 5 years.**

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**20. In not more than 75 words describe why you want to pursue the Post Graduate program in Healthcare Management.**

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**21. If there is anything you think we should know while we evaluate you, use the space below. However if we have captured everything through the form above, you may skip this question.**

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