



**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DEHI
APPLICATION FORM
Executive Program on Hospital Management
July 2021 – May 2022**

Instructions:

1. All information asked for should be provided. Incomplete forms will be rejected.
2. 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 PAN card/ Aadhar card/ Identity card.
5. 2 Passport size photographs with name written at the back.



Executive Program on Hospital Management

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

Title: Mr. Ms. Dr. Others (Please specify) _____

i. Name:

First Name																				
Middle Name																				
Last Name																				

ii. Gender:

Male Female

iii. Date of Birth:

D D M M Y Y Y Y

iv. Nationality:

v. Blood Group:

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

vii. Mother's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

viii. Address for Correspondence:

For admission related communication

City																				
State																			Pin	

Contact No.

STD CODE

PHONE No.

Land Line -

Cell No.

Permanent Address

City																				
State																			Pin	

Contact No.

STD CODE

PHONE No.

Land Line -

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 draft only.

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

D. Work Experience (Years):

.....

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

F. How did you come to know about this course (Kindly give top three sources as given below)

- Word of mouth : _____
- Coaching Centre/Consultant : _____
- Telephone Calls/Email from IIHMR : _____
- Newspaper/ Magazine : _____
- Career Fair : _____
- IIHMR Website : _____
- Social Site- Facebook/Blog/Twitter : _____
- Alumni : _____
- Any other sources (specify) : _____

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.	Gradation degree	
4.	Work Experience	
5.	Copy of PAN card/ Aadhar card/ Identity card.	
6.	2 Passport size photographs with name written at the back.	