

# INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DEHI

#### **APPLICATION FORM**

## **Executive Program on Hospital Management**

July 2023 - May 2024

#### **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.

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## **PHOTOGRAPH**

## **Executive Program on Hospital Management**

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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

	perience (Years):			
S. No.	Organization		Designation/ Position Held	Year and Month From/ To
F. How did y	ou come to know about this course (Kin	dly give to	op three sources as gi	ven 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 inform	nation provided by me is	correct and, I understa	nd that if the
information is found to be incorrec	t or false, then I will b	oe automatically debarr	red from the
selection/admission process without a	any correspondence in th	is regard. I also unders	tand that the
application/registration/short listing do	oes not guarantee admissi	on in the institute. I acce	pt the process
of admission undertaken by the insti	itute and I will abide by	the decision taken by	the institute
authorities. I have checked the inforr	mation carefully. I will, o	n admission, adhere to	the rulesand
discipline of IIHMR. I hold myself respo	onsible for the dues and p	ayment of fees. I confirm	n that there is
no legal case filed against me and will ۱	provide the necessary info	ormation as and when re	equired by the
institute.			
Name	Signature	- Da <sup>-</sup>	te

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.	