



**OSMANIA UNIVERSITY**  
HYDERABAD - 500 007

Registration No. (for office use)

**Application for Entrance Test & Admissions into Master's Degree in  
Hospital Management (MDHM) for the academic year - 2014-2015**

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

Application cost including registration fee: Rs.600/- (Rs.400/- for SC/ST/PH candidates)

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

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

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

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Attach xerox copy of 10th Std.Certificate)

5. Residential status (Put a ✓ mark)  Local  Non-Local  Other than 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

M.B.B.S.	<input type="checkbox"/>
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B.D.S.	<input type="checkbox"/>
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B.P.T.	<input type="checkbox"/>
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B.Sc.	<input type="checkbox"/>
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B.Com.	<input type="checkbox"/>
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B.A.	<input type="checkbox"/>
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Others	<input type="checkbox"/>
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8. Aggregate Percentage of Marks secured in the qualifying examination.

9. Address for Communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin Code \_\_\_\_\_ Phone/Mobile No. \_\_\_\_\_

10. Permanent Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pin Code \_\_\_\_\_ Phone/Mobile No. \_\_\_\_\_

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

Course / Class	Year of study	School/College/University	Place

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)

Note: The entrance test date will be intimated to the candidates along with hall tickets and the same will be made available in the websites of respective institutes.

**Submit the filled in application to** 

The Principal  
 Apollo Institute of Hospital Administration  
 (Affiliated to Osmania University & approved by AICTE)  
 Apollo Health City, Jubilee Hills, Hyderabad-500 096