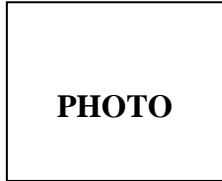




INSTITUTE OF HEALTH MANAGEMENT RESEARCH

APPLICATION FORM

Fellow Programme in Management (Hospital and Health)
2011-2014
at IIHMR Jaipur



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 of paper mentioning the item number responded.

Name: (First Name) (Surname)

Date of Birth: (DD/MM/YY) Sex: Male / Female

Father's Name: Mother's Name:

Father's Profession:

Address for Communication:

Phone: Mobile:
Fax: E-mail:

Permanent Address:
Pin State

Academic Performance

Please give information about your academic qualifications (start with the last degree down to class X) and attach attested copies of the certificates, marksheets, and experience certificate(s).

Table with 7 columns: S#, Name of Examination, Name of Board / University\*, Year of Passing, % of Marks (aggregate), Division/ Grade, Major Subjects

Write your total aggregate percentage of three years.

\* The degree/course should be recognized by a university in accordance with the Association of Indian Universities/MCI/AICTE/UGC.

**Work Experience, if any (Years):** .....

S#	Organization	Designation/ Position Held	Year and Month From / To	Job Profile

List of the documents (copies attested by a gazetted officer) to be attached with the application for admission:

1. Class X certificate
2. 10+2 certificate showing the subjects passed
3. Final marksheet for the candidates who have passed the qualifying degree

OR

Marksheet of the pre-final year for those who have appeared at the final year exam for the qualifying degree

4. Certificate(s) of work experience
5. Character Certificate by the College/Gazetted Officer
6. Affidavits from student and parent/guardian

---

### Accommodation

Will you be requiring hostel Accommodation? Yes No

### Declaration by the Applicant

I declare that the particulars given above are all correct to the best of my knowledge and belief. I will, on admission, adhere to the rules and discipline of IIHMR. I hold myself responsible for the dues and payment of fees.

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**



# Affidavits

## From Applicant:

I hereby declare that I am aware of the law regarding prohibition of ragging as well as the punishment and that if I am found guilty of the offence of ragging and/or abetting ragging ,am liable to be punished appropriately.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

## From Parent/Guardian:

I hereby declare that I am aware of the law in regard to prohibition of ragging and agree to abide by the punishment meted out to my ward in case the later is found guilty of ragging and/or abetting ragging.

Name: \_\_\_\_\_

Signature \_\_\_\_\_