

INDIAN INSTITUTE OF HEALTH MANAGEMENT RESEARCH (SOCIETY)

APPLICATION FORM

Postgraduate Diploma in Pharmaceutical Management (At IIHMR Jaipur) 2011 - 2013

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

Write down total aggregate percentage of all the three year of **graduation**(Students whose final year result is awaited should write the aggregate percentage of previous years).....

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

MAT Composite Score (AIMA): MAT Examination Date:

D. Work Experience (Years):

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

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 mark sheet/degree for the candidates who have passed the qualifying degree

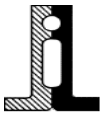
OR

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

4. Copy of MAT Score Card/Certificate(s) of work experience
5. Character Certificate by the College/Gazetted Officer

E. Have you applied for other course(s) at IIHMR group of Institutes for the current session (If Yes please give details):-

Course Name(s):..... Name of the Institute(s).....



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Postgraduate Diploma in Pharmaceutical Management (At SIHMRS Jaipur) 2011 - 2013

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 regards. 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 SIHMRS. 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 _____