

xi. Address for Correspondence:

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| City | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | Pin | | | | | | | | | |
| Contact No. | | | | | | | | | | | | | | | | | | | |
| STD Code | | | | | Phone No. | | | | | Mobile No. | | | | | | | | | |
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xii. Permanent Address:

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| City | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | Pin | | | | | | | | | |

xiii. Email ID:

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B. Application Fee* Details: (Rs. 1000 INR)

a) Cash b) DD DD No..... Date Drawee Bank

c) Reference Number of online transfer: _____

Institute’s Bank Account details for online transfer:

Account Name: INDIAN INSTITUTE OF HEALTH
MANAGEMENT RESEARCH, BANGALORE
Bank: HDFC Bank LTD
Account Number: 05491450000024
IFSC Code: HDFC0000549
Branch: Electronic City Bangalore,

*Payment is accepted through Cash/DD/NEFT/

C. Education:

Please give information about your academic qualifications (start with the last degree /most recent completed degree down to class X)

C.1 – Academic Details

| S. No. | Name of Examination | Name of Board/University* | Year of Passing | % of Marks / (Aggregate) | CGPA Score |
|--------|---------------------|---------------------------|-----------------|--------------------------|------------|
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Write the cumulative aggregate percentage of all the years of **graduation** (Students whose final year result is awaited should write the aggregate percentage of previous years/upto pre-final semester)

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

C.2 – Any other Trainings / Certifications / Diplomas, etc.

| S. No. | Name of the Training/ Certification / Diploma | Issuing Authority | Year | Completion Status |
|--------|---|-------------------|------|-------------------|
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D. Entrance Exam:

| S. No. | Exam | Exam Date | Composite Score |
|--------|-------------------|-----------|-----------------|
| 1 | MAT | | |
| 2 | CAT | | |
| 3 | CMAT | | |
| 4 | ATMA | | |
| 5 | XAT | | |
| 6 | KMAT | | |
| 7 | Any Other (_____) | | |

E. Work Experience in years:

| S. No. | Organization | Designation / Position Held | Month and Year | |
|--------|--------------|-----------------------------|----------------|------------|
| | | | From (mm/yy) | To (mm/yy) |
| | | | | |
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F. Please select preference* of the specialization to chosen in 2nd year (Write 1, 2, 3, 4 in order of your preference).

- PGDM with specialization in Hospital Management
- PGDM with specialization in Health Management
- PGDM with specialization in Healthcare Information Technology (HIT)
- PGDM with specialization in Pharmaceutical Management

*The preference can be changed/modified before the end of first year.

(IIHMR-Bangalore has approved intake of only 120 seats. All the seats will be given based on merit, performance in PI, GD and Management aptitude test scores; on first come first serve basis)

G. How did you get to know about this course (Kindly provide your source from list below)

- 1. IIHMR Website : _____
- 2. Word of mouth (Who) : _____
- 3. Alumni (Mention Name) : _____
- 4. Career /Educational fair : _____
- 5. Newspaper/ Magazine (Name) : _____
- 6. Telephone Calls/Email from IIHMR : _____
- 7. Friends/Relatives (Mention who) : _____
- 8. Social Site- Facebook/Blog/Twitter/Instagram/Linkedin : _____
- 9. Coaching Centre/Consultant (Name) : _____
- 10. Any other sources (specify) : _____

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 to the program. I accept the process of admission undertaken by IIHMR-Bangalore and I will abide by the decision taken by the Institute authorities. I have checked and verified the information carefully. I will, on admission, produce the Original Certificates for verification and adhere to the rules and discipline of IIHMR-Bangalore. 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 institution.

 Name

 Signature

 Date

List of the documents (copies to be self-attested) and attached with the application during submission:

| S. No. | List of the documents | Tick in the box (✓) |
|--------|--|---------------------|
| 1. | Class X certificate | |
| 2. | 10+2 / PUC certificate showing the subjects passed | |
| 3. | All mark sheet/degree certificate for the candidates who have passed the qualifying degree | |
| | OR | |
| | Mark sheets of all the pre-final year exams for those who have appeared at the final year exam for the qualifying degree | |
| 4. | Copy of MAT/CMAT/KMAT/CAT/ATMA/XAT Score Card/Certificate (s) | |
| 5. | Work experience letter (if applicable) | |
| 6. | Copy of PAN Card | |
| 7. | Letter / Certificate stating Category / Caste status / Income certificate | |
| 8. | Copy of Aadhar Card | |
| 9. | PWD status (certificate from competent authority to be submitted) | |
| 10. | 2 Passport size photographs with candidate's name written on the rear. | |

- Original Documents to be produced for verification at the Institute

The scanned copy of application form along with all other required documents to be sent by email to admissions@iihmrbangalore.edu.in. The original form can be sent by Post / Courier to IIHMR-Bangalore address.