IIHMR BANGALORE | INSTITUTE OF HEALTH MANAGEMENT RESEARCH
South Campus, IIHMR Group

APPLICATION FORM

Postgraduate Diploma in Management (Hospital and Health) 2022-24
(MBA Equivalent)

Serial No……

Instructions:

1. Take a print-out of the application form and fill it using Blue/Black ball point Pen.
2. All information asked for should be provided. Incomplete forms will be rejected.
3. In case of paucity of space, you can attach an additional sheet mentioning the item number responded.
4. The filled application form should be scanned and sent to admissions@iihmrbangalore.edu.in mentioning the details of application fee payment

"Affix your recent Passport size photograph"

A. Biographical Information (Please fill all the details in capital letters only)

Title:	Mr.	Ms.	Dr.	Others (Please specify)	

i. Name

First Name															
Middle Name															
Last Name															

ii. Gender

Male	Female	Other

iii. Date of Birth (DD/MM/YYYY)

iv. Nationality

v. Category (Gen. / OBC /ST/ SC/ Other) **vi. Personal Identification Mark** **vii. Person with Disability** (Yes/No)

viii. Mother's Name:

ix. Father's Name:

x. Spouse Name:

xi. **Address for Correspondence:**

City																			
State									Pin						

Contact No.

STD Code					Phone No.							Mobile No.							

xii. **Permanent Address:**

City																			
State								Pin											

xiii. **Email ID:**

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
Account Number: 05491450000024
IFSC Code: HDFC0000549
Branch: Electronic City Bangalore,
d) Paytm QR Code:

*Payment is accepted through Cash/DD/NEFT/ Paytm only

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

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

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 (_____)		

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E. Work Experience in years: …………………………………………..

S. No.	Organization	Designation / Position Held	Month and Year	
			From (mm/yy)	To (mm/yy)

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

11. College Dunia :
12. Shiksha

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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.