

ix. Mother’s contact number:

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x. Father’s Name:

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xi: Fathers contact number:

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xii: Spouse Name:

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xiii: Spouse contact number:

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xiv: Address for Correspondence:

City																	
State										Pin							
			Contact No.														
STD Code				Phone No.										Mobile No.			

xv: Permanent Address:

City																	
State												Pin					

xvi: Email ID:

Application Fee* Details: (Rs. 1000INR)

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: Institute of Health Management

Research Account Number: 05491450000024

Bank: HDFC Bank

IFSC Code: HDFC0000549

Branch: Electronic City Bangalore

Paytm QR Code:



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

Academic Performance

Please give me information about your academic qualifications (start with the last degree /most recent completed degree)

Sl. No	Name of Examination	Name of Board/University*	Year of Passing	% of Marks / CGPA (aggregate)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Write the aggregate percentage of all the three years 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.*

Any other Trainings / Certifications / Diplomas, etc.

Sl. No	Name of the Training/ Certification / Diploma	Issuing Authority	Year	Completion Status

Entrance Exam:

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

X. Work Experience in years.....

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

(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).

H. How did you come to know about us:

Facebook / Instagram / LinkedIn (Specify)	☐	Careers 360	☐
Website	☐	Hit Bulls Eye	☐
Shiksha	☐	Google	☐
College dunia	☐	Social Media	☐
Friend / relatives (Mention name)			
Referral (Mention name)			
Physical Visit			

List of the documents (copies to be self-attested) to be attached with the application for admission:

Sl. No.	List of the documents	Tick in the box (✓)
1.	Class X certificate	
2.	10+2 / PUC 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/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 from competent authority to be submitted	
10.	2 Passport size photographs with candidate's name written at the back.	

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.

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 institution authorities. I have checked the information carefully. I will, on admission, 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