INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(IIHMR) Bangalore

APPLICATION FORM

Postgraduate Diploma in Management – Hospital and Health Management 2027-29

Instructions:

1. Take a print-out of the application form and fill it by 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. Filled application form can be scanned and sent to admissions@iihmrbangalore.edu.in / joyce.j@iihmrbangalore.edu.in mentioning the details of payment made for application.

Affix your recent passport size photograph

i. Biographical Information (Please fill all the details in capital letters as per AadharCard)

Name:

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

First Name																		
Middle Name																		
Last Name																		

ii. Gender

Male	Female	Other

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

iv. Nationality

v. Category (Gen./OBC/ST/SC/Other

vi. Birth Mark

vii. Person with Disability (Yes/No)

viii. Mother's Name:

ix. Mother's contact number:

x. Father's Name:

xi: Fathers contact number:

xii: Spouse Name:

xiii: Spouse contact number:

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. 1000)

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/ Institute name	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:

Website	
CollegeDuniya	
CollegeApply	
Shiksha	
CollegeHei	

Friends or relatives	
Referrer (Please Specify the Name)	
Physical Visit	
Instagram	
Facebook	
LinkedIn	
Google	
Any other social media handles	

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 _____