



**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DEHI  
APPLICATION FORM**

**Postgraduate Diploma in Hospital and Health Management  
(2018 – 2020)**

**Instructions:**

1. The application form should be filled in by the student in her/his own handwriting.
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 application fee is ₹ 1000/- in cash or by sending a demand draft drawn in favour of "International Institute of Health Management Research", payable at New Delhi.

**List of the self attested documents 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 of 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 CAT/MAT/XAT/ATMA/GMAT/CMAT Score Card/Certificate(s).
5. Character Certificate by the college/ a gazetted officer
6. Copy of PAN card/ Aadhar card/ Identity card.
7. 2 Passport size photographs with name written at the back.
8. Affidavits (Format<sup>1</sup>) on Rs. 10/- non-judicial stamp paper duly signed by the student and the parent/guardian
9. Medical Certificate of fitness.



**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 the total 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.**

**D. Entrance Exam:**

| S.NO. | Exam | Date | Composite Score |
|-------|------|------|-----------------|
| 1.    | CAT  |      |                 |
| 2.    | MAT  |      |                 |
| 3.    | XAT  |      |                 |
| 4.    | ATMA |      |                 |
| 5.    | GMAT |      |                 |
| 6.    | CMAT |      |                 |

**E. Work Experience (Years): .....**

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

**F. How did you come to know about this course (Kindly give top three sources as given below)**

- Word of mouth : \_\_\_\_\_
- Coaching Centre/Consultant : \_\_\_\_\_
- Telephone Calls/Email from IIHMR : \_\_\_\_\_
- Newspaper/ Magazine : \_\_\_\_\_
- Career Fair : \_\_\_\_\_
- IIHMR Website : \_\_\_\_\_
- Social Site- Facebook/Blog/Twitter : \_\_\_\_\_
- Alumni : \_\_\_\_\_
- Any other sources (specify) : \_\_\_\_\_

**SECTION – B****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 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 IIMR. 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 institute.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

List of the self attested documents to be attached with the application for admission:

| <b>S.No.</b> | <b>List of the documents</b>   | <b>Tick in the box</b> |
|--------------|--|------------------------|
| 1.           | Class X certificate  |                        |
| 2.           | 10+2 certificate showing the subjects passed.  |                        |
| 3.           | Mark sheets of all the semesters/ years, degree for the candidates who have passed the qualifying degree.                      |                        |
|              | OR   |                        |
|              | Mark sheets of the pre-final semesters/ years for those who have appeared at the final year exam for the qualifying degree.    |                        |
| 4.           | Copy of CAT/MAT/XAT/ATMA/GMAT/CMAT Score Card/ Certificate(s)  |                        |
| 5.           | Work Experience.   |                        |
| 6.           | Character certificate by the college, a gazette officer.   |                        |
| 7.           | Copy of PAN card/ Aadhar card/ Identity card.  |                        |
| 8.           | 2 Passport size photographs with name written at the back.   |                        |
| 9.           | Affidavits (Format 1) on Rs. 10/- non-judicial stamp paper duly signed by the student and the Parent/guardian (as per format). |                        |
| 10.          | Medical Certificate of fitness.  |                        |

**UNDERTAKING BY THE STUDENT**

I, (Full name of student with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms. \_\_\_\_\_ having been admitted to \_\_\_\_\_ (Name of the institution) \_\_\_\_\_, have received a copy of the AICTE Regulation dated 1.7.2009 on Curbing the Menace of Ragging in Higher Educational Institutions, (hereinafter called the "Regulation") carefully read and fully understood the provisions contained in the said Regulations.

- 2) I have, in particular, perused Clause 4 of the Regulation and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused Clause 5(3) and Clause 8(4)(a) of the Regulation and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
  - a) I will not indulge in any behavior or act that may be constituted as ragging under Clause 4 of the Regulations.
  - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under Clause 4 of the Regulations.
- 5) I hereby solemnly affirm that, if found guilty of ragging, I am liable for punishment according to clause 8(4)(a) of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_ day of \_\_\_\_\_ month of \_\_\_ year.

\_\_\_\_\_  
Signature of Student.  
Name \_\_\_\_\_

**UNDERTAKING BY THE PARENT/GUARDIAN**

I, Mr./Mrs./Ms. \_\_\_\_\_ (Full name of Parent/Guardian) father/mother/guardian of Mr./Mrs./Ms. \_\_\_\_\_ (Full name of student with admission/registration/enrolment number) \_\_\_\_\_ having been admitted to \_\_\_\_\_ (Name of the institution) \_\_\_\_\_, have received a copy of the AICTE Regulation on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulation") carefully read and fully understood the provisions contained in the said Regulations.

- 2) I have, in particular, perused Clause 4 of the Regulation and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused Clause 5(4) and Clause 8(4)(a) of the Regulation and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
  - a) My ward will not indulge in any behavior or act that may be constituted as ragging under Clause 4 of the Regulations.
  - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under Clause 4 of the Regulations.
- 5) I hereby solemnly affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 8(4)(a) of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that the admission of my ward is liable to be cancelled.

Declared this \_\_\_ day of \_\_\_\_\_ month of \_\_\_ year.

\_\_\_\_\_  
Signature of Parent/Guardian.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Mob./Tel.No. \_\_\_\_\_