OSMANIA UNIVERSITY
HYDERABAD – 500 007

Registration No. (for office use)

Application for Entrance Test & Admissions into Master's Degree in Hospital Management (MDHM) for the academic year: 2024-2025

(Offered by Apollo Institute of Hospital Administration and Deccan School of Management)
For each institute candidate has to apply separately

Application cost including registration fee: **Rs.1500/-(Rs.1000/-for SC/ST/PH** candidates on production - of caste/PWD certificate)

Particulars of the fee paid: Name of the Bank: …………………………………..

Branch   : ……………………………………………….

Challan / DD. No: ……………… Date: ……………………. Amount: ……………..

Affix recent
Passport size
Photograph &
Sign across it
(Do not pin/staple)

1.   Name of the Candidate
(in capital letters as entered in the qualifying examination)

2.   Name of the: i) Father   ii) Mother

3.   Sex (put a tick mark)

Male		Female		Transgender	

4. Date of Birth

D	D		M	M		Y	Y	Y	Y

(Attach xerox copy of 10th Std. Certificate

5.   Residential status (put a mark)
(See annexure-I in Information Brochure)

Telangana		AP		Other than Telangana & AP	

6.   Reservation Category (put a mark)

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	EWS	Others

7.   Name of the qualifying Examination:

M.B.B.S		B.D.S.		B.P.T.		B.Sc.	
		B.Com.		B.A.		Others	

8.   Aggregate Percentage of Marks secured in the qualifying examination

9.   Address for Communication: _____

_____

_____

_____

Pin Code _____ Mobile No._____

E-mail: _____

10. Permanent Address: _____

   _____

   _____

   _____

   Pin Code _____ Mobile No._____

   E-mail: _____

11. Particulars of study of preceding seven (7) years ending with the qualifying examination:

Course/Class	Year of Study	School/College/University	Place / State

12. Declaration:

I hereby solemnly affirm that the above information is correct and I am aware that my admission is liable to be cancelled at any time in case any information is found to be incorrect. I have gone through and understood the Rules, Regulations and Instructions of the Entrance Test and Admission procedure.

Date:_____   Signature of the Candidate

CHECK LIST
_____

Arrange the application and enclosures in the following order:
1. Demand Draft with required fee amount
2. Application From
3. Xerox copy of 10th std. Certificate (without this the application will not be accepted)
4. Xerox copy of Intermediate Memo
5. Degree Certificates
6. ICR Summary Sheet (not to be pinned or tagged to the application)
7. Please download ICR sheet in A4 size only.

Note: The entrance test date, time and place will be intimated to the candidates along with hall tickets.

Hall tickets will not be dispatched to the candidates by post. The list of candidates applied along with hall ticket Number will be displayed in the college website. The students have to collect hall tickets from the college where they have applied. The college start issuing hall tickets from 3 days before the test. On the day of the test hall tickets will be issued at the test centre only. Candidates have to collect them at least one hour before the test at the test centre.

   Submit the filled in application to:

**The Principal
Apollo Institute of Hospital Administration
Academic Block Apollo Health City,
Jubilee Hills, Hyderabad-500096
Telephone No. 040 -23543269, 23556850**