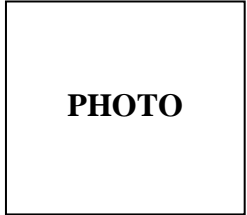


Serial No.: _____



INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR
Application Form for Non-Resident Indians

Postgraduate Program in
Hospital and Health Management
2010 - 2012



Name:
(First Name) (Middle Name) (Surname)

Date of Birth: / / (DD/MM/YY) Sex: Male / Female

Father's Name: Mother's Name:

Details of Father's Profession/Business:

Address for Communication:

Phone: Mobile:

Fax: E-mail:

Permanent Address:

Pin Country

Instructions:

1. The application form should be filled in by the student in their 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 of paper mentioning the item number responded.

Academic Performance

Please give information about your academic qualifications (start with the last degree down to class X) and attach attested copies of the certificates, marksheets and experience certificate(s).

S#	Name of Examination	Name of Board / University Affiliated*	Year of Passing	% of Marks (aggregate)	Division	Major Subjects

* The degree/course should be recognized by a university in accordance with the Association of Indian Universities.

Affidavits

From Applicant:

I hereby declare that I am aware of the law regarding prohibition of ragging as well as the punishment and that if I am found guilty of the offence of ragging and/or abetting ragging ,am liable to be punished appropriately.

Name: _____

Signature _____

From Parent/Guardian:

I hereby declare that I am aware of the law in regard to prohibition of ragging and agree to abide by the punishment meted out to my ward in case the later is found guilty of ragging and/or abetting ragging.

Name: _____

Signature _____

