

Application Number:

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APPLICATION FORM

MARIAN INSTITUTE OF HEALTH CARE MANAGEMENT

Dada Vaidya Road, opp. Hotel Menino Residency, Panaji - Goa 403001

POST GRADUATE PROGRAMME IN HEALTH CARE MANAGEMENT

XAT ID: _____

1. Name: _____
Surname First Name Middle Name

2. Date of Birth: ____ - ____ - ____ Age : ____ years ____ Months
DD MM YYYY (as at 1st July, 2008)

3. Address For Correspondence : _____

Ph:(_____) _____ Mobile No. : _____

Email id: _____

4. Permanent Address: _____

Ph:(_____) _____ Mobile _____



5. Educational data (Please give the aggregate percentage obtained)

	Year of Passing	Main Subject	Name of School/ College/ University	Place / City	Percentage
High School					
High Secondary					
College (Degree)					
Others*					

* Other academic Degrees/ Master degree/Diplomas (Specify).

6. Work Experience: (If any):

Organization	Place	Nature of Work	From: Month Year	To: Month Year

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Submit attested copies of the academic and experience certificates along with the form.

(P.T.O)

7. How did you come to know of the Programme?

8. What do you expect from this Program?

I certify that the information given on the Application Form is true to the best of my knowledge and belief.

Date: _____

Signature: _____

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For Office use only :

Payment Received in Cash/DD/Cheque No:		Dated:		For Rs.	
Drawn on (Bank):					

Documents submitted

(Submitted to Marian Institute of Health Care Management, St. Inez, Panaji, as required for the admission to PGDHM)

Certificates	Area/Stream	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
a. Graduation							
b. Post Graduation							
c. Professional Degree/ Diploma							