

ASCI PGDHM/2018/



ADMINISTRATIVE STAFF COLLEGE OF INDIA
POST GRADUATE DIPLOMA IN HOSPITAL MANAGEMENT
(Approved by AICTE)

Instructions : Please use BLOCK letters to fill-in the application form. Please enclose Demand Draft for Rs. 1,000/- (Rupees one thousand only) in favour of `Administrative Staff College of India' payable at Hyderabad. Candidates are required to qualify in CAT*/CMAT/GMAT/MAT/XAT/ATMA/Other exams (as per AICTE). Shortlisted candidates will be notified of the dates and venue for Personal Interview.

Affix Recent
Passport size
Photograph

APPLICATION FORM

1. Full Name : _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)
2. Name of Parent / Spouse / Guardian : _____
Cell No. (Please tick) Father / Mother / Spouse / Guardian : _____
3. Date of Birth : _____ 4. Gender (Please tick) : Male / Female
DD MM YYYY
5. Present Address : _____

City : _____ State : _____ Pin : _____
6. Permanent Address : _____

City : _____ State : _____ Pin : _____
7. Qualifying Examination (please tick) : CAT*/CMAT/GMAT/MAT/XAT/ATMA/Other (specify):

8. Score obtained : _____
(Attach attested copy of Score Sheet)
Overall Percentile : _____
9. Choice of PI Centre (Please tick) : Hyderabad / Delhi / Kolkata

10. Education (Please enclose attested copies of the certificates / testimonials) :

Particulars	Qualification	Name of Board / Institution/ University	Year of Study		Division / Percentage
			From	To	
SSC / CBSE / ICSE (10 th)					
Intermediate HSC / 12 th					
Graduation					
Post Graduation/ Other (Specify)					

* Institutions such as the IIMs, XLRI, AIMS, etc., have no role in ASCI's selection / admissions process or conduct of the Programme

11. Work Experience (If any):

Name of the Organization	Designation / Job Description	Reporting to	Period	
			From	To

12. Details of Demand Draft attached : DD No. _____ Date : _____

Drawn on Bank : _____

DECLARATION

I hereby declare and certify that the information furnished in this application form is true to the best of my knowledge. I have not been disqualified by any University from appearing for any examination or from seeking admission to any programme of study. If admitted, I agree to abide by the Rules and Regulations of ASCI.

Date : _____

Place : _____

Signature : _____

Completed / Filled-in Application Form, Demand Draft, Certificates / Testimonials and Score Sheets duly attested by a Gazetted Officer should be sent to :

The Director
 Centre for Healthcare Management
 Administrative Staff College of India
 College Park Campus, Road No. 3,
 Banjara Hills, Hyderabad - 500 034.
 Phone : 040-66720713 / 66720712, Fax : 040-66720725
 E-mail : pgdhm@asci.org.in