

APPLICATION FOR ADMISSION TO P.G.D.H.M. COURSE

FILL UP FORM IN ALL CAPITALS

No.	
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To,

The Principal, PGDHM Course,
Sancheti Institute for Orthopaedics & Rehabilitation
1st floor, Administrative office, Sancheti Healthcare Academy,
11/12, Thube Park, Shivajinagar, Pune – 411 005.

Please Affix Photo

Sir,

I wish to apply for the PGDHM course for the year 2022-23

1. Name: Dr./Mr./Ms/Mrs _____
Surname Name Father's / Husband Name

2. Date of Birth: _____

3. Address (for correspondence) : _____
_____ City: _____

Taluka: _____ District: _____ State _____ PIN Code : _____

Mobile 1 : _____ Mobile 2: _____

Email ID : _____

Aadhar No. _____ PAN No. _____

4. Belongs to Reserved Category: Yes / No. if yes, _____ please submit the proof.

5. Form Fee Rs. 250/- Name - **S.I.O.R.COLLEGE OF HOSPITAL MANAGEMENT**, Account NO. 60043728793, Bank of Maharashtra, IFSC Code -MAHB0001150 Branch –Pune Main (Lokmangal)

6. Education Qualification :

Exam Passed	Board /University /Degree	Year of Passing	Class & % of Marks
S.S.C./ 10 th			
H.S.C./ 12 th			
Degree (faculty)			
Any other			

7. Are you working (If yes) please give details (Letter of No objection from Employee to be attached)

8. Work Experience

(Please attach attested Xerox copies of all Certificates.)

Date: / / 2022

Signature