

APPLICATION FOR ADMISSION TO A.C.H.M. COURSE

Earlier Known as P.G.D.H.M

FILL UP FORM IN ALL CAPITALS

No.

To,
The Principal,
Advanced Course in Hospital Management Course, (ACHM)
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 ACHM course for the year 2024-25

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. 300/- Name - **S.I.O.R. COLLEGE OF HOSPITAL MANAGEMENT**, Account NO. 60043728793, Bank of Maharashtra, IFSC Code -MAHB0000043 Branch – Shivajinagar Pune

6. Education Qualification :

Exam Passed	Board /University /Degree	Year of Passing	Class & % of Marks
S.S.C./ 10 th			
H.S.C./ 12 th			
Diploma/ Degree (Faculty)	Diploma /Degree Name -		
	University Name -		
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: / / 2024

Signature