

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

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

FILL UP FORM IN ALL CAPITALS

No.	
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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 2025-26

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: / / 2025

Signature