

**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  
1<sup>st</sup> 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 / PGDHM course for the year 2026-27

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 <sup>th</sup>			
H.S.C./ 12 <sup>th</sup>			
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: / / 2026

Signature