

ANDHRA UNIVERSITY DIRECTORATE OF ADMISSIONS

APPLICATION FORM FOR ADMISSION INTO

which admission is sought: MASTER OF HOSPITAL ADMINISTRATION		e gat ada	eulere.	of Don			(BO	LLI	NENI	MED	SKILI	LS)	ON-2024	+			
which admission is sought: MASTER OF HOSPITAL ADMINISTRATION		DD in	n favor	of The	Registra	ar, ÁU	com	mon	Entranc	e Test	& Admi	ssion	Account.		Attested	Photograph	
3. Father / Guardian's Name: 4. Address for Communication: PIN: Tel. No. with STD Code Mobile No. E-mail: 5. Gender: (put √ mark) Male Female B. Reservation Category: Put √ mark in appropriate box (Enclose attested copies - See Information Brochure) SC ST LBC EWS SC ST LBC EWS 9. Minority Community to which you belong (Put √ mark) Muslim Christian Any other 10. Details of Qualifying Examination (Enclose Xerox copy of Provisional pass certificate). Name of the Qualifying Exam. Group University / Board Year of Passing Overall % of M CGPA 11. Particulars of study for a period of seven consecutive academic years ending with the qualifying examination. SI. Class studied (if you did not study Academic Year) No. draw of the institution Place State		lame of the Course for MASTER OF HOSPITAL ADMINISTRATION												1	(taken not earlier than 1-8-2024)		
Address for Communication: PIN:					n full:									L			
PIN:	3. Fatl	her/G	uardiar	ı's Nam	ne:												
PIN:	4. Add	dress	for Com	munica	ation:												
Mobile No.:																	
Academic Sulfamentary (in the properties of the Qualifying Examination (Enclose Xerox copy of Provisional pass certificate). Name of the Qualifying Exam. Group University / Board Vear Place State					PII	N:				Tel.	No. with S	STD Co	ode				
Male Female Day Month Year Foreign national N.R.I. Inc.					Mo	bile N	0.:			E-	mail:						
8. Reservation Category: Put √ mark in appropriate box (Enclose attested copies - See Information Brochure) SC ST LBC Po EWS 10. Details of Qualifying Examination (Enclose Xerox copy of Provisional pass certificate). Name of the Qualifying Exam. Group University/Board Group University/Board Year of Passing Overall % of M. CGPA 11. Particulars of study for a period of seven consecutive academic years ending with the qualifying examination (Figure 1). Name of the Qualifying Exam. SI. Class studied (if you did not study during any year, specify reasons) Academic Year Name of the institution Place State 1. 2. 3. 4.	. Gen	der : (put 🗸	mark)	6. Date	of Birt	h					7. R		tatus	(put 🗸 r	mark)	
SC ST LBC D E EWS Muslim Christian Any other	Ma	ale	Fem	ale	Day	N	/lonth		Y	ear				1	N.R.I.	Indian	
SC ST LBC D E EWS Muslim Christian Any other																	
SC ST A B C D E EWS you belong (Put \(\sqrt{mark} \) mark)	8. Res	servat	ion Cat	egory :	Put √ ma	ark in	approp	riate	box (Encl	ose att	ested cop	oies - S	See Informa	tion Br	ochure)	•	
A B C D E State		SC	ST		1		LBC		1	FV	vs					ich	
10. Details of Qualifying Examination (Enclose Xerox copy of Provisional pass certificate). Name of the Qualifying Exam. Group University/Board Year of Passing Overall % of Marcopa		A B C D E Zwo you belong (P										•	•				
Name of the Qualifying Exam. Group University / Board Year of Passing Overall % of MacCGPA 11. Particulars of study for a period of seven consecutive academic years ending with the qualifying examination of the institution Name of the institution Place State 1.												IVIGS	IIII OIIII3tic	211 / 311	y outlot		
Name of the Qualifying Exam. Group University / Board Year of Passing Overall % of MacCGPA 11. Particulars of study for a period of seven consecutive academic years ending with the qualifying examination of the institution Name of the institution Place State 1.	 10. De	etails	of Qua	lifying	Examinat	ion (E	nclos	e Xer	ox copy	of Prov	·isional p	ass c	ertificate).				
11. Particulars of study for a period of seven consecutive academic years ending with the qualifying examin SI. Class studied (if you did not study during any year, specify reasons) 1. 2. 3. 4.				1											Overall 9	% of Marks	
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<u>DECLARATION</u>		1							DECLA	RATIO	N	1			1		

The particulars furnished above are true and correct to the best of my knowledge and I here by agree for the cancellation of my application / admission if any of the above details are found to be false.

Signature of the Applicant.

Form - I

Station: Date: