ANDHRA UNIVERSITY
DIRECTORATE OF ADMISSIONS

Form - I

APPLICATION FORM FOR ADMISSION INTO

MASTER OF HOSPITAL ADMINISTRATION-2025

(BOLLINENI MEDSKILLS)

Particulars of Demand Draft(s) enclosed towards registration fee (Rs.500/-)

DD in favor of The Registrar, AU common Entrance Test & Admission Account.

D.D.No. _____ Date: _____ for Rs. _____ Bank: _____

Attested Photograph

(taken not earlier than 1-9-2025)

1. Name of the Course for which admission is sought: **MASTER OF HOSPITAL ADMINISTRATION**

2. Name of the Applicant in full:
(IN CAPITAL LETTERS): _____

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

6. Date of Birth

Day		Month		Year			

7. Residential status (put ✓ mark)

Foreign national	N.R.I.	Indian

8. Reservation Category : Put ✓ mark in appropriate box (Enclose attested copies - See Information Brochure)

SC	ST	LBC					EWS
		A	B	C	D	E	

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 Marks CGPA

11. Particulars of study for a period of seven consecutive academic years ending with the qualifying examination.

Sl. No.	Class studied (if you did not study during any year, specify reasons)	Academic Year	Name of the institution	Place	State
1.					
2.					
3.					
4.					
5.					
6.					
7.					

DECLARATION

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.

Station:
Date: