

HEMCHANDRACHARYA NORTH GUJARAT UNIVERSITY

Department of Hospital Management (Grant in Aid)

Patan – 384 265

Tel: 02766 220932, 222745, 220116 (Ext. 451, 452)

Fax : 02766 231917, www.ngu.ac.in

Email: hodmhm@ngu.ac.in, hodmhm@gmail.com

Affix your
recent
Photograph.

Application for Master of Hospital Management

1. Name of the Candidate:

(Surname)

(Name)

(Father's/Husband's Name)

2. Name of the Father/Mother:

3. Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Category (put a ✓ mark)

ST	SC	SEBC	GEN.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Gender

Male

Female

6. Marital Status

Married

Unmarried

7. Residential Status (put a ✓ mark)

Gujarat

Other state

8. Name of the qualifying examination passed:

(i.e. Medicine / Para-Medicine)

9. Percentage of Marks secured in the Bachelor degree examination

10. ACADEMIC BACKGROUND:

Sr No	Examination Passed	Year of Passing	School/College/University	State/Board	Percentage Of Marks(%)
1	X / SSC Equivalent				
2	HSC / Sr. Sec/10+2 Equivalent				
3	Diploma (if any)				
4	Degree				
5	P.G. (if any)				
6	Any other				

11. Occupational status : (if any) 11.A. If Employee : Designation as on today _____

Government Employee Self Employed Corporate Employee Fresher 11.B. Name of Employer : _____

12. Details of your Experience: (if any) _____

(Attach the sheet, if requires) _____

13. Occupation of Parent / Guardian : _____ 14.A. Annual Gross Income of Candidate

14. Annual income of Parent / Guardian: _____ (if any) : _____

15. Address for Communication _____
(In Block Letters) _____

Pin Code District : _____

Phone No. With STD Code: _____ State : _____

E-Mail : _____ Mobile No : _____

16. Permanent address : _____
(In Block Letters) _____

Pin Code _____

17. Identification Mark: _____

18. Select Your Examination Centre: (put a ✓ mark) Ahmedabad Patan

Ahmedabad Homoeopathic Medical College, Dhuma-Bopal Road, Ahmedabad-58	Department of HM, HNGU
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Enclosures: (put a ✓ mark)

- | | | | |
|----------------------------------|--------------------------|---|--------------------------|
| 1. HSC Marksheet | <input type="checkbox"/> | 5. Caste Certificate | <input type="checkbox"/> |
| 2. School Leaving Certificate | <input type="checkbox"/> | 6. Non-Creamy Layer Certificate | <input type="checkbox"/> |
| 3. Bachelor's Degree Marksheets | <input type="checkbox"/> | 7. Civil Surgeon's Certificate for P.H. | <input type="checkbox"/> |
| 4. Bachelor's Degree Certificate | <input type="checkbox"/> | 8. Office Order/Appointment Letter, if Employed | <input type="checkbox"/> |

Important: If application form is downloaded from website, candidate should attach the Demand Draft with following details.

DD.No. _____ Date _____ Bank _____ Place _____

Demand Draft should be in favor of 'REGISTRAR, HEMCHANDRACHARYA NORTH GUJARAT UNIVERSITY, PAYABLE AT PATAN for Rs. 500.

Note: Submit the filled in Application form at Department of Hospital Management, Hemchandracharya North Gujarat University, Patan – 384 265 on or before 22nd June, 2011, in person or by post. Detailed programme is available at department website on www.ngu.ac.in. No personal intimation will be made regarding the Merit List/Result and Call for Admission. Candidates are asked to visit our website regularly for the updates.

Declaration: I had read information given in the information brochure and the form. I hereby declare that the particulars furnished above are true and correct.

Place: _____

Date: _____

Signature of the Candidate _____



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Examination Hall Ticket for Master of Hospital Management

(Examination Time : 12.30 p.m.)

(For office use only)

Seat Number

Form Number

(To be filled by the Candidate)

Name of the Candidate:

(Surname)

(Name)

(Father's/Husband's Name)

Sex (put a ✓ mark)

Male:

Female:

Identification Marks : _____

Signature of candidate

(To be signed at the time of Examination)

Signature of Invigilator

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Female:

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**Affix
Recent
Passport size
Photograph here**

**Affix
Recent
Passport size
Photograph here**

Instructions to Candidates for Entrance Examination:

- The candidate will receive the hall ticket for the examination by submitting the duly filled application form at Department of Hospital Management in person or by post.
- Please note that Hall Ticket is just an enabling provision for appearing at Entrance Examination of Master of Hospital Management Programme and does not imply that the candidate satisfies all the requirements of eligibility conditions of admission.
- The candidate must preserve the hall ticket safely and bring to the examination hall and produce the same on demand by the examination staff. In case of loss of hall ticket candidate is responsible to provide sufficient evidence to prove that he/she is the bonafide candidate. It is necessary to bring the hall ticket on the day of the admission counseling.
- Candidates will appear for MHM Entrance Examination at the designated venue mentioned on the hall ticket. The candidate shall report to the center an hour before the examination time.
- Candidates are advised NOT TO BRING any textual material, calculator, digital diary, mobile or any electronic instruments except the Admit Card inside the Examination hall. If a candidate is found to be copying/conversing with other candidates/to have in his/her possession papers, notes or books, he/she shall be disqualified from taking this Examination. Candidates shall maintain silence and attend to their papers only.
- Along with the Examination booklet, a separate answer sheet will be provided with question numbers 1-100. Each Question will have four alternative choices marked as A B C D or 1 2 3 4 with one correct/appropriate answer. Candidate has to choose that correct/appropriate answer and has to darken the relevant oval or has to put ✓ mark on the square for that question on the answer sheet with HB pencil. If any alteration is to be made, erase the previous one and darken the correct one. Answer with overwriting or wrong method of marking will be ignored while awarding marks.
- The University will not be responsible for any delay in postal transit or non-receipt of Intimation letter or Entrance examination receipt or any other communication relating to admission. Every candidate is asked to follow the important dates and check the university website regularly. For any query contact us on the number given at back side.
- Candidates awaiting copies of mark sheet or any other document required to be submitted to get admission are asked to submit on the date of counseling of admission.
- Canvassing for admission in any form will entail rejection/cancellation of application form/admission/entry to entrance examination hall.
- All the matters of dispute shall be subject to Patan Jurisdiction.
- In case of failure of a student to pay the mentioned fee on the date of admission, the admission of the student concerned shall automatically stands to be cancelled.

Ahmedabad Centre: Ahmedabad Homoeopathic Medical College, Dhuma, Bopal Dhuma Road, Ahmedabad – 58
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