



GANPATI INSTITUTE OF HEALTHCARE MANAGEMENT

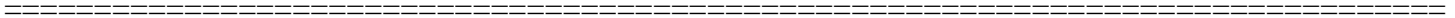
ENROLEMENT FORM – AUTONOMUS DISTANCE EDUCATION/ REGULAR /ONLINE

POST GRADUATE / ADVANCE DIPLOMA (11 Months) IN

Session:

PARTICULARS TO BE FILLED BY CANDIDATE (IN BLOCK LETTERS)

(Cost of Application / Enrolment form: Rs 1000/- only)



1. Name (In Block Letters) : _____

2. Father's Name : _____

3. Date of Birth: _____ 4. Place of Birth _____

5. Nationality: _____ 6. Married / Unmarried _____

7. Mailing Address : _____

8. Permanent Address : _____

9. Tel: _____ 10. Mobile _____ 11. E. Mail ID _____

12. Present Occupation: _____



13. Medal / Prize / Merits Obtained: _____

14. Any Special Achievements: _____

15. Extra-Curricular Activities / Achievements: _____

16. Computer Literacy (If any): _____

17. Any Pending Legal / Medico Legal Case: _____
(If yes, give details on separate sheets)18. **EXAMINATIONS PASSED**

Exam. Passed Board	College / University	Year of Joining	Year of Passing	% age & No. of Attempts
10 th				
12 th				
Graduation				
PG				

19. **EXPERIENCE**, if any, (Separate Sheet may be attached, if necessary)

S.No.	DESIGNATION	PERIOD		Departments	Name of the Organization
		From	To		

DECLARATION / IMPORTANT INSTRUCTIONS

1. I have read the GIHM Prospectus and have noted and understood its contents and directions for Admission.
2. I have understood that, this course is an autonomous part of GIHM, under which certificate / mark sheet will be provided by GIHM. Ganpati Institute of Healthcare Management (GIHM) is an autonomous institute and is not part of any University and not recognized / affiliated by the any university.
3. In the event that, any information provided by me is found incorrect I will be liable for cancellation of my enrolment to the PG Diploma / Adv Dip. Course.....
4. In case I fail to join / attend the above course, my entire fee may be forfeited and my selection to the course will be treated as cancelled.
5. I also understand that the fee is non-refundable under any circumstances.

Date: _____

(Signature of the candidate)

Place: _____

Full Name:

For Institute Office Use Only

Qualifying Exam Score (if any) GD / Interview Score

Selected / Not Selected
(GIHM -Authorized Signatory)**ENCLOSURES: - (All Certificates MUST be Self Attested)**

1. Matriculation / 10+2 Certificate as proof of Date of Birth
2. Degrees/Diplomas Certificates & Mark sheets
3. Experience Certificate (if Any)
5. Three Passport Size Photo.
6. Employer's Certificate (If you are in service).

Incomplete application may be rejected at any stage. Therefore, please recheck your application before final submission.

Original certificate will be checked at the time of admission.