



A. J. Institute of Hospital Management

(A Unit of Laxmi Memorial Education Trust ®)

A. J. Hospital & Research Centre Campus

Kuntikana, Mangaluru - 575 004.



Application for Admission to Master of Hospital Administration (MHA)

For the year

Please stick a
Passport sized
Photograph
to this box

Part 1 Personal Details:

- Name of the Candidate :
(To be entered in Block Letters as found in the SSLC Marks Card)
- Date of Birth(as entered in the SSLC marks card):/...../.....
DD MM YYYY
- Gender: Male Female Mother Tongue:
- Name of the Father / Guardian Name:
- Occupation of Father . Guardian:
- Annual Income of Father / Guardian:
- Religion: Caste:
- Community: SC ST OBC Others
- Nationality: Indian NRI Foreign
- Permanent Address:
.....
.....
Telephone No.: Mobile:
E-Mail Address:
- Present Address:
.....
.....
Telephone No.: Mobile:
Telephone No.: Mobile:
E-Mail Address:
- Emergency Contact:
Telephone No.: Mobile:
- Languages which you can read, write and speak:

Part 2 Academic Particulars

Exam Passed	Name & Address of the School / College	Name of the Board / University	Class Obtained	Percentage of Marks	Year of Passing

Part 3 Documents Required

(Please Tick the relevant box whichever applicable for which the copy of the documents is enclosed along with this application)

- | | | |
|--|---|--|
| <input type="checkbox"/> 10th Marks Card / PUC | <input type="checkbox"/> All Degree Marks Card | <input type="checkbox"/> Transfer Certificate / Conduct |
| <input type="checkbox"/> Date of Birth Certificate | <input type="checkbox"/> Provisional Degree Certificate | <input type="checkbox"/> Convocation |
| <input type="checkbox"/> Migration Certificate | <input type="checkbox"/> Eligibility Certificate from RGUHS | <input type="checkbox"/> Nationality Certificate
(Applicable only for International Students) |
| <input type="checkbox"/> Nursing Experience Certificate for Nursing Students | <input type="checkbox"/> Photos - 15 | |
| <input type="checkbox"/> Nursing Registration Certificate for Nursing Students | <input type="checkbox"/> Other | |

Part 4 Student Declaration

- I agree to abide rule and regulations of the A. J. Institute of Hospital Management
- I acknowledge that if I am accepted for a course of study I am liable to pay the fees for the full term and it will not be refunded under any circumstances.
- I am aware that 75% attendance is mandatory in all subjects for a student to be eligible to appear for the university Examinations.
- I am aware that consumption of alcohol and smoking is prohibited in the college and I agree to abide by this condition failing which necessary disciplinary action can be taken against me.
- I hereby agree that I will not cause any damage to the college property; I accept that failure on my part to abide by this policy may lead to necessary disciplinary action and any related costs incurred by my actions will be recovered from me.
- I am aware that delay in payment of the fees attracts a late fee (fine) until such time I have paid the same.
- I agree that it is an essential term of my agreement with AJIHM that information I have given in this form and any attached documents is true and complete and I acknowledged that AJIHM may suspend my enrolment if false information has been given.

Student's Signature & Name:

Date: Place:

Father / Mother / Guardian's Signature & Name:

Date: Place:

Please Return filled up application form to:

Admission Section

A. J. Institute of Hospital Management

A. J. Hospital & Research Centre Campus, NH-17, Kuntikana, Mangaluru - 575 004. D.K. Karnataka, India

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