

**Dr.B.R.AMBEDKAR UNIVERSITY, SRIKAKULAM
ETCHERLA, SRIKAKULAM (A.P) - 532 410**

Affix recent PP
Photograph with
Sign.
across
photograph.

Application for Master of Health Administration (2 Years)

Registration No:

- 1. All the columns in the application form should be filled in with the candidate's own handwriting. Applications which are incomplete in any respect will be summarily rejected.
- 2. Enclose photocopies of all qualified certificates.

1. Name in Full :
(Block Letters) SURNAME:
NAME:

2. Father's/Guardian's Name:

3. Aadhaar Number :

4. E-Mail ID :

5. Mobile No. :

6. Address for correspondence:

PIN: _____.

7. Name and Permanent Address:

PIN: _____.

8. Occupation of Parent/ Guardian: _____
With Annual Income : _____

9. Date of Birth* :

D	D	M	M	Y	Y	Y	Y
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10. Sex (Put a ✓ mark)

Male	
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Female	
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11. Reservation Category* (Put a ✓ mark)

SC	ST	OC	BC-A	BC-B	BC-C	BC-D	BC-E	Oth/Specify

12. Academic Qualifications*:

Name of Institution	Place	Year of Pass	Gr./Perc.(%)	Class Obtained

13. Technical Qualifications*:

Name of Institution	Place	Year of Pass	Gr./Perc.(%)	Class Obtained

14. State the reasons for seeking admission in to PGDMRHI.

15. Details of Payment of prescribed Fee :

DD.No.Dt.....Amount In Rs. 250/- (Two Hundred fifty rupees only)
drawn in favour of ***"Diretor of Admissions, Dr.B.R.Ambedkar University, Srikakulam."***

I declare that all the particulars given above are true and correct to the best of my knowledge and I will abide to all the Rules, Discipline and such other rules as may be prescribed by the University from time to time.

Station:

Date:

Signature of the Applicant