



PGDMRHI

(PG Diploma in Medical Record & Health Information)

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

Application for 1 Year PG Diploma in Medical Records & Health Information

Affix recent PP Photograph with Sign. across photograph.

| Registration | No: | | | | | | | | | | |
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| | ne in Ful ck Lettei | rs) SURN | AME: | | | | | | | | |
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| 9. | Date of Birth* | : | D D | M | MY | YY | ′ Y | | | | | |
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| 10. | Sex (Put a √mark) | Male | Male Female | | | | | | | | | |
| 11. | Reservation Category * (Put a ✓ mark) | SC ST OC | | ОС | BC-A | ВС-В | BC-C | BC-D | BC-E | Oth/Specify | | |
| 12. | Academic Qualifications*: | | | | | | | | | | | |
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| 13. | Technical Qualifications | *: | | | | | | | | | | |
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| 14. | State the reasons for sec | eking a | dmissi | on in t | to PGDM | RHI. | | | | | | |
| | Details of Payment of pr DD.No |)t | | Am | | _ | - | | fifty ru | pees only) | | |
| | I declare that all the padd I will abide to all the iversity from time to time | Rules, | | | | | | | | | | |
| Sta | tion: | | | | | | | | | | | |
| Date: | | | | | | | Signature of the Applicant | | | | | |