

# UNIVERSITY OF PUNE



## Application Form for Admission to the Examination for the Post Graduate Diploma in Hospital Management (PGDHM) (Revised) (2009-2010)

<b>For office use only</b>
Batch & Sr. No.

To  
THE CONTROLLER OF EXAMINATIONS,  
UNIVERSITY OF PUNE, PUNE-411007.

Sir,  
I desire to appear for the examination for the FIRST/SECOND Semester/s of the P.G.D.H.M. Examination to be held in .....  
October/April 20 ..

I hereby declare that I shall not claim any concession on religious grounds.

1. Semester Combination appearing for : Tick the right combination :

I	II

2. Name of the Institute : .....

3. Name of the Centre : .....

Male	Female
1	2

Fresh	Repeater
1	2

No. of Courses / Subjects

\* Applicant from South India, U.P. Up-countries and Foreigners should write the name as it should appear on University records. No change in the name will be made hereafter.

5. \* Mention Full Name in legible BLOCK Letters :

Surname	Name ( as per Previous Record )	Father's / Husband's Name (if necessary)	Mother's Name
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6. Old Name, if any : .....

7. Name in Devnagari Script : .....

8. Sports activities O.163\*

N.S.S	N.C.C.	N.P.E.D.	A.E.D.	I.U.T.
1	2	3	4	5

9.

SC	ST	OBC	DT/NT	Not	Applicable
C	T	O	D		

10. The Category, if the Exam. fee is reimbursed by Govt.

BC	EBC	Primary Teacher's Children	Freedom Fighter's Children	ND/DT	Service Personnel Children
B	E	P	F	N	S

<b>Rs.</b>
Exam. Fee .....
Statement of Marks Fee : .....
CAP Fee : .....
Passing Certificate Fee .....
Late Fee : .....
<b>Total Fee : Rs.</b> .....

11. For the previous Year     Month   & Seat No.

Latest Appearance

12. Permanent Registration Number of P.G.D.H.M.

(Should be mentioned correctly.)

13. Name of Degree of qualifying examination, Date of passing and the name of University : .....

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14. Eligibility Certificate number and date, if applicable : .....

15. Address for Correspondence : .....

.....

16. Permanent Home Address : .....

.....

**EXAMINATION PARTICULARS**

Attach Attested True Copy of Marklist of Last Exam. / PGDHM Examination along with Examination Form

Subject Code	Title of the Course	Tick (✓) here only for appearing for the subject	Seat No., PRN & Year at previous attempt Sem I/Sem II	Marks Obtained	
				Int. 12/30	Ext. 30/70
<b>SEMESTER - I</b>					
101	Principles and Practices of Management and Organizational Behaviour				
102	Managerial Accounting & Financial Management				
103	Hospital Planning				
104	Medical Terminology and Procedures				
105	Hospital Administration				
*106	Journal Related to Hospital Training (FI)				
Total of Semester I _____					
600					
<b>SEMESTER - II</b>					
201	Human Resource Management				
202	Laws Related to Hospital and Medical Services				
203	Materials Management and Inventory Control				
204	Healthcare & Administration of Clinical and Non-Clinical Services				
205	Project Report				
*206	Computer Fundamentals & Software Related to Hospitals (FI)				
Total of Semester II _____					
600					
* Internal : 40/100					

**DECLARATION**

I hereby declare that I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. **I WILL BE RESPONSIBLE** for any errors and wrong or incorrect information supplied by me in the application form. I shall not request for special concession such as change in the time and / or day fixed for the University examination on religious or any other grounds. The Courses/Subjects mentioned by me are as per University rules and regulations.

Yours faithfully,

.....  
Place Date Signature of the Candidate

**C E R T I F I C A T E**

I certify that the above named candidate obtained the degree of ..... from the University of ..... in year ..... and is a regular/ex-student of this Institute. The Courses mentioned by the candidate are as per University rules and regulations, to the best of my knowledge and belief and the entries made by the candidate in the application are correct. He/She has my permission to appear for examination for the subjects for which he/she has applied.

He / She has presume for the number of days specified below, attached during two terms, the course of lectures attended for this examination :

Terms	Number of Days	Remarks
From July 20 to October 20		
From January 20 to April 20		

.....  
Place Date Stamp Signature of the Director

\* Student desirous to avail of the benefit of O.163 will have to fill in separate prescribed form which is available in the Institute. The form should be attached, with necessary fees and certificates, alongwith the concerned examination form.