

Application No: _____



INSTITUTE OF ALLIED HEALTH SCIENCES

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APPLICATION FORM – M.Sc. HEALTH SYSTEMS MANAGEMENT

(Use black/blue ball point pen and write in **CAPITAL** letters)

Name of the Applicant

Date of Birth
(dd/mm/yyyy)

Gender

 M F

Father's Name &
Occupation

Mother's Name &
Occupation

AFFIX PHOTO
(Self attested recent
Passport size photo)

Present Address

Telephone

Mobile

Email

ACADEMIC DETAILS

Qualification	Name of the Institution & Board	Subjects	%	Year of Completion
SSLC/ 10 Std				
HSC/12 th Std				
UG				
Others				

DECLARATION BY THE CANDIDATE

I certify that the particulars given by me in the application form are true to the best of my knowledge and belief.

Date:

Place:

Signature of the Applicant

(Attach self attested photocopies of certificates)