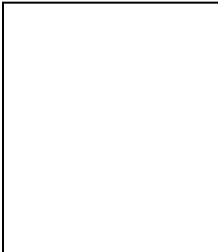




MAHARASHTRA TECHNICAL EDUCATION SOCIETY'S
College of Hospital of Management
 Dhondumama Medical Campus off Karve Road, Pune-411004
 Affiliated to Savitribai Phule Pune Vidyapeeth

APPLICATION FOR ADMISSION
 for
Post graduate Diploma in Hospital management
2016-17



To,
 The Director
 College of Hospital Management
 Karve Road
 Pune , 411004

Respected Sir,

I am seeking admission for Post Graduate Diploma in Hospital Management (PGDHM).

My personal details are as follows,

1. Full Name:

 Surname First Name Father's/ Husband's Name Mother's name

2. Permanent Address

Pin Code:

3. Tel. No. : _____ 4. Mobile No.: _____

5. E-mail: _____

6. Gender: Please Tick (v) Male Female

7. Religion:

8.Caste:

SC	ST	OBC	NT
SBC	VJNT	OTHER	OPEN

9. Marital Status: Married Unmarried

10. Date of Birth: DD/MM/YYYY _____ 11. Blood Group _____

12. Religion : _____

13. Place of Birth

 Place State Country

14. Nationality: _____

15. Father's / Husband's Name _____

16. Educational Details:

Mention all Board / University examinations that you have passed from.

Course	Name of College/Institute	Board/University	Year	% Marks	Special/Optional subjects
1.	S.S.C				
2.	H.S.C				
3.	Final Exam				
4.					

Date: _____ Signature of the Candidate: _____

Place: _____

For office use only

Entrance exam: Date _____

Passed: Yes / No _____ Admitted : Yes / No _____

Ref. Register page no. _____ Authorized Signature _____

For further information contact :

College of Hospital Management

2nd Floor Management Wing, Sanjeevan Hospital Campus,
23 Off Karve Road, Erandwana Pune-411004.

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Email : mbaoffice@mtespune.org