



DATTA MEGHE

INSTITUTE OF HIGHER
EDUCATION & RESEARCH

(DEEMED TO BE UNIVERSITY)

LEARN. LEAD.

Executive's Master of Hospital Administration

Application Form for Admission (Academic year 2023-24)

1. Name of the Applicant as written in : _____
S.S.C/H.S.S.C.
Board Certificate (In
Capital Letters)
2. Address for Correspondence with Pin code : _____
3. Date of Birth (DD/MM/YY) : _____
4. Mobile No. : _____
5. Gender – (Male/Female) : _____
6. Nationality : _____
7. Religion : _____
8. Caste & Sub Caste and Category : _____

Graduation (final year)/Qualifying exam marks as per Mark Sheet	Name of Institute/College	Name of University	Name of Degree	Obtained marks	Out of marks	Percentage obtained

HSSC /XII exam marks as per Mark Sheet	Name of Junior College/School	Stream & Board (State/CBSE)	Obtained marks	Out of marks	Percentage obtained

9. Previous working experience (if any) : Post /Designation: _____

(Only for admission to PG course)

Address of workplace/Office: _____

From: _____ To _____ Total working experience (Years) : _____

10. Certificates (Scanned copy of original documents) to be attached along with Application form while submission:

- a. Mark sheet of recent qualifying examination (XII/Graduate/Postgraduate exam) (as applicable)
- b. Graduation Degree and Passing Certificate

- Formerly known as **Datta Meghe Institute of Medical Sciences** (Deemed to be University)
- Conferred 'A' Grade status by H.R.D. Ministry Govt. of India
- Re-accredited by NAAC (3rd Cycle) with 'A+' Grade

Office: DMIHER (DU), Sawangi (Meghe), Wardha 442107 Maharashtra, India
P: 07152-287701-06 | E: info@dmimsu.edu.in

Office (Off Campus): Datta Meghe Medical College, Wanadongri,
Hingna Road, Nagpur 440010 Maharashtra, India
E: meghesmshealth@gmail.com



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- c. College/School leaving certificate (Transfer Certificate)
- d. Migration certificate (if available)
- e. Proof of date of birth
- f. SSC Board certificate
- g. HSC Marksheet
- h. Application fees receipt/payment/Transection details of INR 750/- (*Details given below*)

11. Details of Parent :

Name of Father /Parent :

Profession / Occupation :

Mobile number :

e-mail ID :

11.If you have any serious medical problem, please mention :

I am submitting herewith duly filled and complete application, for admission at DMIHER (Deemed to be University) . The of Payment Rs 750/- is paid through **NEFT/RTGS/UPI/DD/Cash**.

- **Bank Name** - HDFC Bank, Nirmal Bakery Square, Opp. Bank of Maharashtra, Wardha-442001
- **Account Name** – School of Allied Health Science
- **Account No** -50200063986870
- **IFSC Code** -HDFC0000965

Online Transaction number: - _____ Transaction Date: _____ Bank Name: _____

DECLARATION: All the information given above is true to the best of my knowledge and belief. I further understand that in case if the above information is found to be incorrect or false, my admission will automatically stand cancelled.

I request you to kindly consider my application for the same.

Signature of Parent/Guardian

Signature of Student

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