

APPLICATION FORM
2018 - 2020

“Affix Your Recent
Passport size
Photograph”

Instructions:

1. The application form should be filled in soft copy and save it to take printout.
2. All information asked for should be provided. Incomplete forms will be rejected.
3. In case of paucity of space, you can attach an additional sheet mentioning the item number.

A. Personal Information (Please fill all the details in capital letters only)

Course Applied for, please tick in the box (v):

1.	MBA Hospital and Health Management	
2.	MBA Pharmaceutical Management	
3.	MBA Rural Management	

i. Name of the Applicant: (exactly as it appears on certificate of Matriculation Exam)

Last Name																			
Middle Name																			
First Name																			

ii. Gender:

Male Female

iii. Date of Birth (DD/MM/YYYY)

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iv. Nationality:

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v. Category

(Gen. / OBC /ST/ SC / Others)

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vi. Minority

if Minority, specify (Muslim, Buddhist, Sikh, Christian, Jain, Parsi) _____

vii. Physically Handicapped (PH)

If PH, Specify i) Type of disability _____ ii) % age of disability _____

viii. Father's Name:

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ix. Mother's Name:

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x. Name of the Guardian:

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xi. Email ID of the Applicant: (for communication by the university)

xii. Address for Correspondence: (for Communication by the University)

City																				
State																				

xiii. Contact No. of Applicant

Mobile No. of Applicant

STD Code

Phone No.

(for communication by the university)

Land Line																				
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xiv. Contact No. of Parent /Guardian

STD Code

Phone No.

Mobile No. of Parent /Guardian

Land Line																				
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xv. Permanent Address: (if different from correspondence address)

City																				
State																				

xvi. Aadhar No.:

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B. Application Fee Details: (Rs. 1000)

a) Cash **Receipt No.** (If paid in cash)

b) DD **DD No.**..... **Date** **Drawee Bank**

The Demand Draft should be made in favor of **"IIHMR UNIVERSITY"**, payable at **"Jaipur"**. The name and mobile number of the student should be written at the back of the Demand Draft.

C. Academic Performance:

In case of grade, authentic conversion formula must be attached.

Graduation Stream:	
Graduation Aggregate Marks obtained:	
Graduation Maximum Marks:	
Graduation Aggregate Percentage obtained:	

Please give information year wise (graduation Degree) about your academic qualifications (start with the class X down to Last degree)

S. No.	Name of Examination	Name of Board/University*	Name of College/ Institute	Year of Passing	Maximum Marks	Marks Obtained	% of Marks (aggregate)	Division

Write the aggregate percentage of all the years of **graduation** (Students whose final year result is awaited should write the aggregate percentage of previous years).....

*** The degree/course should be recognized by a university in accordance with the Association of Indian Universities/ MCI/AICTE/UGC.**

D. In case of Result Awaited/ Back-log/ Re-appear/ Supplementary, fill the following details:

Name of the Programme	Year/ Semester	Name of the Course/ Subject	Date on which Result is to be declared	Date on which Result related documents will be submitted to University

E. Entrance Exam:

S. No.	Exam	Exam Date	Composite Score
1.	MAT		
2.	CAT		
3.	CMAT		
4.	ATMA		
5.	XAT		
6.	GMAT		
7.	*GPAT		

*Applicable for MBA Pharmaceutical Management.

The students who do not have any of the above aptitude test scores can appear in aptitude test (IIHMR U - MAT) conducted by IIHMR University. Please indicate the date on which you will like to appear offline (IIHMR U – MAT) Aptitude test will be conducted on 23 March 2018, 27 April 2018, 25 May 2018, and 29 June 2018.

S. No.	Exam	Please tick in the box (v)	Exam Date	Composite Score (Official Use only)
1.	IIHMR U - MAT	<input type="checkbox"/>		

F. When would be your likely month to attend GD/PI (Group Discussion/Personal Interview) at the IIHMR, University Jaipur campus?

GD-PI Round	Please Tick (v) the Month, you are likely to come.
March, 2018	<input type="checkbox"/>
April, 2018	<input type="checkbox"/>
May, 2018	<input type="checkbox"/>
June, 2018	<input type="checkbox"/>

G. Total Work Experience: [Year(s), Month(s) and Day(s)]

S. No.	Organization	Designation/ Position Held	Date		Year(s), Month(s) and Day(s)
			From (DD/MM/YYYY)	To (DD/MM/YYYY)	

Declaration by the Applicant

I hereby certify that the above information provided by me is correct and, I understand that if the information is found to be incorrect or false, then I will be automatically debarred from the selection/admission process without any correspondence in this regard. I also understand that the application/registration/short listing does not guarantee admission in the University. I accept the process of admission undertaken by the University and I will abide by the decision taken by the University authorities. I have checked the information carefully. I will, on admission, adhere to the rules and discipline of the University. I hold myself responsible for the dues and payment of fees. I confirm that there is no Criminal case filed against me and will provide the necessary information as and when required by the University.

Name

Signature

Date

**List of the self-attested documents to be attached with the application form for admission: -
(To be attached in following sequence):**

S. No.	List of the documents	Tick in the box (v)
1.	Copy of Class 10-mark sheet and certificate.	
2.	Copy of 10+2-mark sheet and certificate.	
3.	Copy of Mark sheets of all the semesters/years, degree for the candidates who have passed the qualifying degree.	
	OR	
	Copy of Mark sheets of the pre-final semesters/years for those who have appeared at the final year exam for the qualifying degree.	
4.	Copy of Internship Certificate. (if applicable)	
5.	Copy of Grade conversion formula. (if applicable)	
6.	Copy of MAT/CAT/CMAT/ATMA/XAT/GMAT/GPAT* Score Card/Certificate(s) of work experience.	
7.	Copy of Aadhar card.	
8.	Character certificate by the college/ a gazetted officer.	
9.	Copy of Caste certificate issued by the respective Tehsildar/SDM/DM, in case the applicant is from any of the reserved categories.	
10.	Copy of Physically Handicapped (PH) certificate. (if applicable)	
11.	Copy of Minority certificate. (if applicable)	
12.	2 Passport size photographs with name written at the back.	
13.	Affidavits (ANNEXURE I & II) on Rs. 10/20/50/100 non-judicial stamp paper duly signed by the student and the Parent/guardian (as per format) need to be upload or you can submit on the day of joining the course.	

**ANNEXURE I
AFFIDAVIT BY THE STUDENT**

I, _____ (full name of student with admission/registration/enrolment number)

S/o - D/o Mr./Mrs./Ms _____

having been admitted to _____ (name of the institution), have received a copy of the UGC regulations on Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulation and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

**Signature of Deponent
Name:**

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) on this the _____ (day) of _____ (month) _____ (year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

**ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN**

I, _____ Mr./Mrs./Ms.(full name of parent/guardian) father /mother/
guardian of _____

(full name of student with admission /registration/enrolment number),

having been admitted to _____ (name of the Institution), have received a copy of the UGC regulations on Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent

Name: _____

Address: _____

Telephone/Mobile No: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) on this the _____ (day) of _____ (month) and _____ (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER