

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. 16/40	Ext. 24/60
SEMESTER - I					
111	Principles and Practices of Management in Hospital				
112	Basic Accounting & Financial Management in Hospital				
113	Administration and Planning in Hospital				
114	Medical Terminology and Procedures				
*115	Modular Session on Hospital Information Systems (I)				
*116	Viva on Theory and Journal (I)				
Total of Semester I _____					
600					
SEMESTER - II					
211	Staff-Patient Relationship				
212	Laws Related to Hospital and Medical Services				
213	Materials Management and Inventory Control				
214	Total Quality Management				
215	Project Report and Viva-Based on Project Report				
*216	Computer Fundamentals & Software's Related to Hospital (I)				
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.**