PRICE: Rs. 30/-

UNIVERSITY OF PUNE



Application Form for Admission to the Examination for the Post Graduate Diploma in Hospital Management (PGDHM) (New)

	(2002-2003)	For office use only
То		Batch & Sr. No.
	THE CONTROLLER OF EXAMINATIONS, UNIVERSITY OF PUNE, PUNE-411007.	
Sir,	I desire to appear for the examination for the FIRST/SECOND Semester/s of the P.G.D.H.M. Examination to be October/April 20 . Liberally dealers that Lishell not along any consession on religious grounds.	pe held in
1	I hereby declare that I shall not claim any concession on religious grounds.	
1.	Semester Combination appearing for : Tick the right combination : I II	
2.	Name of the Institute:	
3.	Name of the Centre:	
4.	Male Female Fresh Repeater	
	1 2 1 2	No. of Courses / Subjects
5.	* Applicant from South India, U.P. Up-countries and Foreigners should write the name as it should appear on <u>University records</u> . No change in the name will be made hereafter. * Mention Full Name in legible BLOCK Letters:	
	Surname Name Father's / Husband's Name (if necessary) Mo (as per Previous Record)	other's Name
6.	Old Name, if any:	
7.	Name in Devnagari Script:	Rs.
8.	Sports activitites O.163*	e
	1 2 3 4 5 Statemen Marks Fed	e :
9.	SC S1 OBC D1/N1 Not Applicable	:
2.		ertificate Fee
10.	The Category, if the Exam. fee BC EBC Teacher's Fighter's ND/DT Personnel	
	is reimbursed by Govt. Children Children Children Children Total Fee	: Rs
11.	For the previous	
12.	Permanent Registration Number of P.G.D.H.M. (Should be mentioned correctly.)	
13.	Name of Degree of qualifying examination, Date of passing and the name of University:	
14.	Eligibility Certificate number and date, if applicable :	
15.	Address for Correspondence :	
16.	Permanent Home Address :	

EXAMINATION PARTICULARS

Attach Attested True Copy of Marklist of Last Exam. / PGDHM Examination along with Examination Form

Subject Title of the Course Code		Tick (✓) here only for appearing	Seat No., PRN & Year at previous attempt	Marks Obtained Int. Ext.		
		for the subject	Sem I/Sem II	16/40	24/60	
SEME	STER-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 I600					
SEME	STER-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					
	* Internal : 40/100					
	DI	ECLARATION				
for any	I hereby declare that I have gone through the syllabus and the list of body errors and wrong or incorrect information supplied by me in the r day fixed for the University examination on religious or any other gr	application form. I shall not re	quest for special conce	ssion such as cha	ange in the time and regulations.	
	Dia-				J: J	
	Place Date		Sign	Signature of the Candidate		
	$\mathbf{C} \; \mathbf{E} \; \mathbf{R}$ I certify that the above named candidate obtained the degree of	TIFICATE		fron	the University	
of	in yearin	and is a regular/ex-st	tudent of this Institute.	The Courses m	entioned by the	
	late are as per University rules and regulations, to the best of my rrect. He/She has my permission to appear for examination fo			the candidate in	the application	
	He / She has presume for the number of days specified	below, attached during two	o terms, the course	of lectures att	ended for this	
exami	nation :					
Terms Number		per of Days		Remarks		
From .	July 20 to October 20					
From .	January 20 to April 20					
	Place Date	 Stamp		ignature of the	Dimoston	

^{*} 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.