



OSMANIA UNIVERSITY  
HYDERABAD - 500 007

Application No. \_\_\_\_\_

Application for Admission into Advanced PG Diploma Courses in Healthcare - 2014

Last date for submitting the application to the Director, Directorate of Admissions, Near PGRR Centre for Distance Education, Osmania University, Hyderabad is 17.11.2014 by 4.00 p.m.

Filled in application must be accompanied by a demand draft for Rs.800/- drawn in favour of “The Director, Directorate of Admissions, Osmania University, Hyderabad” towards the registration fee.

**Note:** The candidate should go through the Information Brochure before filling this form.

Affix recent photograph & sign across the photograph (Do not pin/staple)

Particulars of the Fee paid :

(Please write your name and Mobilenumber on the backside of the Demand Draft)

Bank : \_\_\_\_\_

Branch : \_\_\_\_\_

DD. No : \_\_\_\_\_ Date : \_\_\_\_\_ Amount : \_\_\_\_\_

1. Name of the Candidate (in Capital Letters as entered in the qualifying examination)

2. Name of the Father/ Mother

3. Sex (Put a ✓ mark) Male ☐ Female ☐ 4. Date of Birth 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

  
(Attach xerox copy of 10th std. certificate)

5. Residential status (Put a ✓ mark) Local ☐ Non-Local ☐

6. Category (Put a ✓ mark)

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Minority status

(Put a ✓ mark)

Christian	Muslim	Linguistic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Name of the qualifying examination passed (Put a ✓ mark) B.A. ☐ B.Sc. ☐ B.Com ☐ Others ☐

Examination	Maximum Marks	Marks Secured	% Marks	Year of pass
Part-I				
Part- II				
Grand Total				

9. Address for Communication in Block Letters

Pin Code \_\_\_\_\_ Phone No./Mobile No. \_\_\_\_\_

10. Particulars of study of preceding seven (7) years starting from the qualifying examination.

Course/Class	Year of study	School/College/University	Place
Degree III Year			
Degree II Year			
Degree I Year			
Inter II Year			
Inter I Year			
Class X			
Class IX			

11. Permanent Address

Pin Code

Phone No./Mobile No.

I do hereby solemnly affirm that the above information is correct and I am aware that my admission is liable to be cancelled at any time in case any information is found to be incorrect. I have gone through and understood the Rules, Regulations and Instructions of Admission procedure.

Date :

Signature of the Candidate

CHECK LIST

Arrange the application and enclosures in the following order

1. Acknowledgement Card
2. Application Form
3. Xerox copy of 10th std.certificate
4. Copies of Memos of Marks and Degree Certificate of Qualifying Examination
5. ICR Summary sheet (not to be pinned or tagged to the application).

Submit the filled in application to

DIRECTOR

Directorate of Admissions

Near PGRR Centre for Distance Education

Osmania University, Hyderabad - 500 007 (T.S.)

Phone:040-27090136



OSMANIA UNIVERSITY  
ICR SUMMARY SHEET

ADVANCED PG DIPLOMA COURSES IN HEALTHCARE : 2014



Instructions to fill the ICR Summary Sheet

- a. Do not staple, wrinkle, scribble, wet or fold this form.
- b. Use only black ball point pen to fill the form.
- c. Leave one box blank between surname and name.
- d. Do not make any stray marks on this ICR form.
- e. Please make sure that the letters/codes written should not touch the edges of the boxes.

Registration No.  
(For office use only)

1. Name of the candidate [write in CAPITAL letters without touching edges of the boxes]

2. Father’s Name [write in CAPITAL letters without touching edges of the boxes]

3. Date of Birth

D D

M M

Y Y Y Y

4. % Marks at UG Level

(Enclose a Photo Copy of 10<sup>th</sup> Std. Certificate)

Darken the appropriate circles ●

5. Category

- ☐ SC

☐ BC-C
- ☐ ST

☐ BC-D
- ☐ BC-A

☐ BC-E
- ☐ BC-B

☐ Others

6. Residential Status

- ☐ Local
- ☐ Non Local
- ☐ Others

7. Sex

- ☐ Male
- ☐ Female

8. Subject name and Code

92. ADVANCED PG DIPLOMA COURSES IN HEALTHCARE : 2014

9. Address for communication:

(Please Write in Capital Letters with Black Ink only)

Name :

PIN

Mobile/Phone No.:

Do not attest  
the photograph

10. Affix your recent  
Passport size Photograph  
(Do not Pin/Staple the  
Photograph)

11. Signature of the candidate  
(within the box given above)

Application No \_\_\_\_\_

**DIRECTORATE OF ADMISSIONS  
OSMANIA UNIVERSITY, HYDERABAD**

**ACKNOWLEDGEMENT CARD**

**ADMISSION INTO  
ADVANCED PG DIPLOMA COURSES IN HEALTHCARE-2014**

Your Registration Number is \_\_\_\_\_  
(Quote this number for any future correspondence)

for Director  
Admissions, O.U.