

HEMCHANDRACHARYA NORTH GUJARAT UNIVERSITY

DEPARTMENT OF HOSPITAL MANAGEMENT

PATAN - 384 265

Tel : 02766-237000, 220932 (Ext. 1800,1801) (M) 098984 58799

Fax : 02766-231917, www.ngu.ac.in, Email : hodmhm@gmail.com

Affix your
recent
Photograph
with date
Printed

Application for Master of Hospital Management Admission - 2019

1. Name of the Candidate :

(Surname)

(Name)

(Father's/Husband's Name)

2. Name of the father/Mother :

3. Date of Birth :

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

4. Category (put a ✓ mark) :

| | | | |
|----|----|------|----|
| ST | SC | SEBC | UR |
| | | | |

5. Gender

Male

Female

6. Marital Status

Married

Unmarried

7. Residential Status (put a ✓ mark) :

Gujarat

Other state

8. Name of the qualifying examination passed :

(i.e Medicine / Para-Medicine)

9. Percentage of Marks secured in the Bachelor degree examination

10. ACADEMIC BACKGROUND :

| Sr. No. | Examination Pased | Year Passing | School/College/University | State/Board | Percentage of Marks (%) |
|---------|--|--------------|---------------------------|-------------|-------------------------|
| 1. | X / SSC Equivalent | | | | |
| 2. | HSC/10+2 Equivalent/ Diploma (if any) | | | | |
| 3. | Bachelor Degree | | | | |
| 4. | P. G. Degreee (if any) | | | | |
| 5. | Any other | | | | |
| 6. | | | | | |

11. Occupational Status: (if any)

Government Employee Self Employed
Corporate Employee Fresher

11. A. If Employee : Designation on today _____

11. B. Name of Employer _____

12. Details of your Experience : (if any) _____

(Attach the sheet, if requires) _____

13. Occupation of Parent / Guardian _____

14.A. Annual Gross Income of Candidate

14. Annual Income of Parent / Guardian : _____ (if any) _____

15. Address for Communication
(In Block Letters)

Pin Code

District : _____

E-Mail : _____

State : _____

Mobile No. : _____

16. Permanent Address : _____
(In Block Letters) _____

Pin Code

17. Valid MAT Score : _____ Month & Year of Passing MAT Examination _____

18. Identification Mark : _____ 19. Aadhar No. _____

20. If appearing for University Entrance Examination Instead of MAT Exam: Select Your Examination Centre :
(put a ✓ mark)

| | |
|--|---|
| S. K. Patel Institute of Management & Computer studies (MBA), Gate No:02, Sector-23, GANDHINAGAR- 380 023. <input type="checkbox"/> | Department of Hospital Management Hem. North Gujarat University, Patan. <input type="checkbox"/> |
|--|---|

Enclosures : (put a ✓ mark) :

- | | |
|---|--|
| 1. HSC Marksheet <input type="checkbox"/> | 5. Caste Certificate <input type="checkbox"/> |
| 2. School Leaving Certificate <input type="checkbox"/> | 6. Non-Creamy Layer Certificate <input type="checkbox"/> |
| 3. Bachelor's Degree Marksheets <input type="checkbox"/> | 7. Civil Surgeon's Certificate for P.H. <input type="checkbox"/> |
| 4. Bachelor's Degree Certificate <input type="checkbox"/> | 8. Office Order/Appointment Letter, if Employed <input type="checkbox"/> |

Important : If application form is downloaded from website, candidate should attach the Demand Draft with following details.

DD.No. _____ Date: _____ Bank: _____ Place: _____
Demand draft should be in favor of 'REGISTRAR, HEMCHANDRACHARYA NORTH GUJARAT UNIVERSITY, PAYABLE
at PATAN for Rs. 500/-

Note : Submit the filled in Application form at Department of Hospital Management, Hemchandracharya North Gujarat University, Patan- 384 265, **on or before 2nd July, 2019**, in person or by registered post only. Detailed programme will be available on university website; www.ngu.ac.in. No Personal intimation will be made regarding the Entrance examination/Merit List/Result and Call for Admission. Candidates are asked visit website regularly for the updates.

Declaration : I had read all information given in the information brochure and the form. I here by declare that the particulars furnished above are true and correct.

Place :

Date :

Signature of the Candidate



HEMCHANDRACHARYA NORTH GUJARAT UNIVERSITY

Department of Hospital Management, Patan. 384 265

Tel: 02766-237000, 220932, 230529 (Ext: 1800, 1801)

Fax: 02766 -231917 (M) 09898458799, 09879049149, 09727767700

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Affix your recent photograph with date Printed

Examination Hall Ticket for Master of Hospital Management Admission -2019

(Examination Date : 07-07-2019 time : 12.30 p.m)

(For office use only)

Seat Number

Form Number

(To be filled by the candidate)

Name of the Candidate :

(Surname)

(Name)

(Father'/Husband' s Name)

Sex (put a ✓ mark)

Male

Female

Identification mark :

Signature of Candidate: _____

(To be signed at the time of Examination)

Signature of Invigilator: _____



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Instructions to the Candidates for Entrance Examination:

- Candidate will receive the hall ticket for the examination by submitting the duly filled application form at the Department of Hospital Management in person or by registered post only.
- The Exam Hall Ticket is just an enabling provision for appearing at Entrance Examination of Master of Hospital Management Programme and does not imply that the candidate satisfies all the requirements or eligibility conditions for the admission.
- The candidate must bring hall ticket at the examination hall and produce the same on demand by the examination staff. In case loss of hall ticket, candidate is required to provide sufficient evidence to prove that, he/she is the bonafide candidate. It is necessary to bring the hall ticket on the day of the admission counseling.
- Candidate has to appear for the Entrance Examination at the designated venue mentioned on the hall ticket. The candidate shall report 60 minutes prior to commencement of examination at the examination center.
- Candidates are asked NOT TO BRING any textual material, digital diary, mobile phone or any electronic instruments except the Admit Card inside the Examination hall. If a candidate is found to be copying/conversing with other candidate/to have in his/her possession of papers, notes book, he/she shall be disqualified from the Examination. candidates shall maintain silence in the examination hall.
- Along with the question booklet numbering 1-100 questions, a separate OMR sheet will be provided. Each Question will have four alternative choices marked as (A), (B), (C), (D) or (1), (2),(3),(4) with one correct/appropriate answer. Candidate has to Choose the correct/appropriate answer and has to darken the relevant oval for that question in the OMR sheet with **bule/black ball point pen only**. Answer with overwriting or wrong marking will be ignored while awarding marks.
- The University will not be responsible for any postal delay or non-receipt of Intimation/Call letter for Entrance Examination or any other communication relating to admission. Every candidate is asked to follow the important dates and check the university website regularly. For any query contact us on the numbers given at back side.
- Candidates awaiting for graduation result/Mark sheet OR any other document required to be submitted to get admission are asked to submit on the day/date of counselling of admission.
- Cavassing for admission in any form will entail rejection/Cancellation of application form/ entry to entrance examination hall.
- All the subject matters of dispute shall be subject to Patan Jurisdiction only.
- In case candidate fails to pay required fees/fails to produce required documents on the day of admission counselling, the admission of the such candidate shall stand cancelled and next candidate in the merit list will be called for the admission.

Gandhinagar Centre:S. K. Patel Institute of Management & Computer Studies, Gate No:02, Sector-23, Gh-06.
Patan Center : Department of Hospital Management, Hemchandracharya North Gujarat University, Patan-384 265

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