



# OSMANIA UNIVERSITY ICR SUMMARY SHEET

**MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)  
FOR THE ACADEMIC YEAR : 2023-2024**



**Instructions to fill the ICR Summary Sheet**

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

Registration No.  
(For office use only)

Registration No. (For office use only)
---

1. Name of the candidate [write in CAPITAL letters without touching edges of the boxes]																														
<table border="1" style="width: 100%; height: 25px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																														
2. Father's/Mother's Name [write in CAPITAL letters without touching edges of the boxes]																														
<table border="1" style="width: 100%; height: 25px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																														
3. Date of Birth			D D		M M		Y Y Y Y			4. Fee paid Rs.																				
<table border="1" style="width: 40px; height: 25px;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 40px; height: 25px;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 60px; height: 25px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							<table border="1" style="width: 60px; height: 25px;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 40px; height: 25px;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 40px; height: 25px;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 40px; height: 25px;"> <tr><td></td><td></td></tr> </table>			

**Darken the appropriate circles below fully with BLACK ball point pen ●**

5. Category : <input type="radio"/> SC <input type="radio"/> ST <input type="radio"/> OBC <input type="radio"/> BC-A <input type="radio"/> BC-B <input type="radio"/> BC-C <input type="radio"/> BC-D <input type="radio"/> BC-E <input type="radio"/> Others											
6. Residential Status: <input type="radio"/> Local <input type="radio"/> Non Local <input type="radio"/> Others (Other than A.P.)											
7. Sex: <input type="radio"/> Male <input type="radio"/> Female											

8. Name of the qualifying examination: (M.B.B.S., B.D.S., B.P.T., B.Sc., B.Com., B.A., Others etc)	
---	--

9. Course name and code in which the candidate wants to write entrance test:				
Course	Code No. (to be filled by office)			
<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center;">MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)</td> </tr> </table>	MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%; text-align: center;">4</td> <td style="width: 50%; text-align: center;">5</td> </tr> </table>	4	5
MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)				
4	5			

**10. Address for communication:**  
( Write in CAPITAL LETTERS with Black ball point pen only )

Name :											
Address:											
PIN											
Mobile/Phone No.:											

Do not attest  
the photograph  
→

<b>11. Affix your recent Passport size Photograph (Do not Pin/Staple the Photograph)</b>
--

--

**12. Signature of the candidate  
(within the box given above)**