8

OSMANIA UNIVERSITY ICR SUMMARY SHEET



Instructions to fill the ICR Summary Sheet

PIN

Mobile/Phone No.:

a. Do not staple, wrinkle, scribble, wet or fold this form. b. Use Black ball point pen to fill the form.	(For office use only)
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.	
1. Name of the candidate [write in CAPITAL letters without touching ed	lges of the boxes]
2. Father's/Mother's Name [write in CAPITAL letters without touching	edges of the boxes]
D D M M Y Y Y Y	
3. Date of Birth 4. Fee paid F	Rs.
Darken the appropriate circles below fully with <u>BLACK</u> ball point p	en •
5. Category: OSC OST OOBC OBC-A OBC-B OBC-C OB	BC-D O BC-E O Others
6. Residential Status: O Local O Non Local	Others (Other than A.P.)
7. Sex: O Male O Female	
8. Name of the qualifying examination:	7
(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.
iest. Course	(to be filled by office)
MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)	4 5
10. Address for communication:	
(Write in CAPITAL LETTERS with Black ball point pen only)	
Name : Do not attest	11. Affix your recent
Address: the photograp	i Passport size Photograph
	Photograph)
	I

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

Registration No.