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OSMANIA UNIVERSITY ICR SUMMARY SHEET

MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM) FOR THE ACADEMIC YEAR: 2020 - 2021

 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. 			Registra (For office	ution No. 2 use only)	
1. Name of the candidate [write in CAPITAL letters without	ut touching ed	lges of	f the boxes]		
2. Father's/Mother's Name [write in CAPITAL letters with	out touching	edges	of the boxe	s	
3. Date of Birth D D M M Y Y Y	4. Fee paid	Rs.			
Darken the appropriate circles below fully with <u>BLACK</u>	oall point pe	n 🌰			
5. Category: \bigcirc SC \bigcirc ST \bigcirc OBC \bigcirc BC-A \bigcirc BC-B	O BC-C	⊖в	C-D OBC	2-E () Oth	ers
6. Residential Status: O Local O N	Von Local	(Others (Others)	her than A.P.))
7. Sex: O Male O 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 Course	e entrance test	•	Code (to be filled	e No. l by office)	
MASTER'S DEGREE IN HOSPITAL MANAGEMENT	Г (MDHM)		4	5	
10. Address for communication: (Write in CAPITAL LETTERS with <u>Black ball point pen</u> only)					
Name :			11. Affi	x your recei	nt
Address:	Do not atte the photogra		Passport size Photograph (Do not Pin/Staple the Photograph)		
PIN					
Mobile/Phone No.:					