OSMANIA UNIVERSITY
ICR SUMMARY SHEET

MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)
FOR THE ACADEMIC YEAR: 2026-2027

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. Write relevant codes in the boxes as applicable.
e. Do not make any stray marks on this ICR form.
f. 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/Mother's Name [write in CAPITAL letters without touching edges of the boxes]*

3. *Date of Birth* | | | | | | | | | |

4. *Fee paid Rs.* | | | | |

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

5. *Category:* O SC O ST O BC-A O BC-B O BC-C O BC-D O BC-E O EWS O Others

6. *Residential Status:* O Telangana O Others

7. *Sex:* O *Male* O *Female* O *Transgender*

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)
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 →

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

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