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Christian Medical College (CMC) Vellore
In collaboration with
Christian Medical Association of India (CMAI), New Delhi

Detailed Application for the Diploma in Hospital Administration (DHA)

1. Name (In BLOCK Letters): : _____
2. Date of Birth & Age : _____ & _____
3. Gender : Male / Female
4. Marital Status: : _____
5. Mother Tongue: : _____
6. Father's Name & Occupation : _____
7. Spouse Name & Occupation : _____
8. Address for Communication: : _____
: _____
: _____
9. Mobile Number : _____
10. Email ID : _____
11. Nationality & Religion : _____
12. Languages which you can speak : _____
Languages which you can read : _____
Languages which you can write : _____
13. **In case of emergency, person to whom intimation should be sent (Name Address and Contact No.)** : _____

14. Contact Details of your Hospital: _____

(Mission or corporate hospital) _____

15. Please fill all the columns given below and enclose photo copies of Certificates being self-attested:

GENERAL & TECHNICAL EDUCATIONAL QUALIFICATION				
S. No.	Examinations, Certificates, Diplomas, Degrees passed or obtained	Name and Address of School or College University / Institution etc.	Date of passing	Class or Division
1.	S. S. L. C			
2.	H. S. C / +2			
3.	DIPLOMA OF Regular/ Dist. Education (Strike off which is not relevant)			
4.	BACHELOR OF Regular/ Dist. Education (Strike off which is not relevant)			
5.	MASTER OF Regular/ Dist. Education (Strike off which is not relevant)			
6.	Additional Qualifications			

16. EMPLOYMENT DETAILS (PRESENT EMPLOYMENT AT THE TOP AND NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER FOR DOING THIS COURSE) (USE ADDITIONAL SHEET IF NECESSARY)

S. No.	Name of the Company / Institution	Post held	Period Served		Reasons for leaving / other remarks
			From	To	
1					
2					
3					
4					
5					

17. Kindly provide two references with contact details below **or** attach the reference letters with your application form.

S. No.	Name, Designation & Dept. of Referee	Address
1.		Phone/Mobile:
2.		Phone/Mobile:

18. Give details here of your literary, cultural, artistic games, sports etc., ability and achievements (if any) :

19. Do you agree to abide by the rules and regulations of the Institution which are in force now and also which are to be introduced from time to time?

Yes / No

20. I declare that all information I filled in this Application form is correct. I understand that falsification of data will result in automatic disqualification.

Date:

Place:

Signature of the Participant

Signature of the Employer with Seal

Enclose a copy of your self-attested certificate as mentioned below: (Tick)

S. S. L. C	
H. S. C / +2	
Diploma Certificate	
Bachelor Certificate	
Master Certificate	
Additional Qualifications	
Payment Details	