

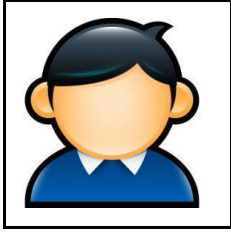


Maulana Azad University, Jodhpur

Admission Form for Master of Hospital Administration (MHA)

Session _____

Candidate's Reg. No. MAUJ/ _____

Candidate's Name	_____	
Father's Name	_____	
Mother's Name	_____	
Gender	_____	
Category	_____	
Email	_____	
Date of Birth	_____	Contact No _____

Nationality _____ International Passport No _____ Aadhaar Card No _____

Address for Correspondence

State _____ District _____ Pin _____

Permanent Address

State _____ District _____ Pin _____

Current Address

State _____ District _____ Pin _____

Course _____ Compulsory Subject(For UG Program only) _____ English/Hindi _____

Course Combination _____

Last Qualification of Student

Last Qualification	_____	Subject	_____
Board/University	_____	Passing Year	_____
Max Marks	_____	Marks Obtained	_____
Result	_____		

Last Board Qualification of Student

Qualification	_____	Board	_____	Board Passing Year	_____
Subject	_____	Roll No	_____		

Exam Break YES/NO _____ Reason for last Exam Break _____

Religion _____ PhyHand _____ Yes/No _____ Kashmiri _____ YES/NO _____

Father's Detail

Occupation	_____	Qualification	_____	Income	_____
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Mother's Detail

Occupation _____	Qualification _____	Income _____
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Documents Attached

10TH Mark Sheet/Certificate	<input type="checkbox"/>
10+2(or equivalent Mark Sheet)	<input type="checkbox"/>
Transfer Certificate	<input type="checkbox"/>
Character Certificate	<input type="checkbox"/>
Migration Certificate	<input type="checkbox"/>
Address Proof	<input type="checkbox"/>
SC/ST/OBC/Physically Handicapped Certificate	<input type="checkbox"/>
International Passport	<input type="checkbox"/>
Aadhaar Card	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Declaration

The statement made above and filled in different columns are true to the best of my knowledge & belief. I will obey the rules & regulations of the institution.

Applicant's Signature _____

Full Name _____

Date _____

Place _____

For Office Use Only

Reg No **MAUJ/**

Documents Enclosed

10TH Mark Sheet/Certificate	<input type="checkbox"/>
10+2(or equivalent Mark Sheet)	<input type="checkbox"/>
Transfer Certificate	<input type="checkbox"/>
Character Certificate	<input type="checkbox"/>
Migration Certificate	<input type="checkbox"/>
Address Proof	<input type="checkbox"/>
SC/ST/OBC/Physically Handicapped Certificate	<input type="checkbox"/>
International Passport	<input type="checkbox"/>
Aadhaar Card	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Documents Verified By _____

Signature of Admission In charge _____

Date _____