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in passport size

**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:

| <b>GENERAL &amp; TECHNICAL EDUCATIONAL QUALIFICATION</b> |   |   |                 |                   |
|--|---|---|-----------------|-------------------|
| 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**

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**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           |  |