

Regn. No. :
(To be filled by Office)



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Deemed to be University)

Porur, Chennai – 600 116

Graded as a Category – I University by the UGC and Accredited by NAAC with ‘A’ Grade

Affix your latest
passport size
photograph here.

APPLICATION FORM FOR ALL INDIA ENTRANCE EXAMINATION - 2019

M.B.A. (HOSPITAL & HEALTH SYSTEMS MANAGEMENT) Degree Program.

NAME OF THE CANDIDATE :
(IN BLOCK LETTERS)

Demand Draft Details :

In case of submission of application downloaded from website, enclose a D.D. for Rs.1000/- drawn in favour of “Sri Ramachandra Institute of Higher Education and Research (Deemed to be University)” payable at Chennai. (Enclose Demand Draft)	DD No. : Date : Bank Name : Branch :
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IMPORTANT NOTE:

Candidates should check the list and submit it with application.

S.No.	Item of Document	Whether enclosed (Put a tick (✓))
1	Application Form duly filled in (only self attested photo copies of the certificates to be submitted)	
2	Photocopy of the Degree Examination Mark Statements (First year to Final year)	
3	Provisional Pass / Degree Certificate	
4	For final semester appearing students, letter from the college Principal last studied	
5	Attempt Certificate	
6	Transfer Certificate/Migration Certificate	
7	Internship Certificate (if applicable)	
8	Conduct Certificate issued by the Head of the Institution last studied	
9	Photocopy of Aadhaar Card	
10	Original Hall ticket duly filled in with photograph affixed and signed	
11	Duplicate Hall ticket duly filled in with photograph affixed and signed	
12	Attendance sheet duly filled in with photograph affixed and signed	
13	Registration Certificate issued by PCI / INC / RCI (if applicable)	
14	In case of downloaded application form, D.D. for Rs.1000/- drawn in favour of “Sri Ramachandra Institute of Higher Education and Research (Deemed to be University)” payable at Chennai towards application & examination fee.	
Note:	Last date for submission of filled in application	15.06.2019



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M.B.A. (HOSPITAL & HEALTH SYSTEMS MANAGEMENT) Degree Program

(Note : Please fill in each column in your own handwriting and put a tick mark (✓) wherever necessary and strike off the portion not applicable. Incomplete application form will be rejected summarily).

1.	a) Name of the Candidate (IN BLOCK LETTERS AS GIVEN IN HSC CERTIFICATE)	
	b) Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	c) Expand the initials	
2.	a) Father's Name	
	b) Mother's Name	
3.	a) Complete address (with District, State & PIN CODE) to which communication is to be sent	
	b) No. with STD Code	Residence : Mobile :
	c) E-mail of Candidate	
	d) E-mail of Parent	
	e) Aadhaar No. of Candidate (Self Attested Photocopy to be enclosed)	

4.	a) Date of birth and age		Age:Yrs.
	b) Place of birth, District and State c) Community (Put a tick (✓))	OC <input type="checkbox"/> OBC <input type="checkbox"/> SC/ST <input type="checkbox"/>	
5.	Nationality and Religion		
6.	Qualifying examination passed (Photocopy of Degree Certificate and Statement of Marks of all Examinations to be enclosed)	Name of the Degree :..... Univ. Exam. Regn. No.:..... Month :..... Year :.....	
7.	a) Name and address of the College where qualified		
	b) Whether the College is recognised by the M.C.I./D.C.I./P.C.I./A.I.C.T.E./ I.N.C./R.C.I.	<input type="checkbox"/> Recognised <input type="checkbox"/> Not Recognised	
	c) Details of Registration with the Professional Council (if applicable)	Council Name & State : Regn. No. & Date :	

8. Marks Secured inDegree Course:

	Subject(s)	Marks Secured	Maximum Marks	Month & Year of Passing	No.of attempts
I YEAR					
II YEAR					
III YEAR					
FINAL YEAR					
	GRAND TOTAL			Percentage of Marks	

9.	Name of the University which awarded the Degree (furnish PIN code and State)	
10.	Whether the candidate has passed all the examinations in the first attempt	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Whether appeared / appearing for final year Degree examination (Photocopy of the Hall Ticket or a certificate from the College Principal as specified should be enclosed)	

DECLARATION BY THE CANDIDATE

I declare that the information furnished by me hereinabove is true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

I further declare that I have read fully the prospectus furnished with the application form and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

Place :

Date :

Signature of the Candidate



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Original

HALL TICKET FOR ALL INDIA ENTRANCE EXAMINATION - 2019 M.B.A. (HOSPITAL & HEALTH SYSTEMS MANAGEMENT) Degree Program

Name and mailing address of the Candidate: (IN BLOCK LETTERS)
(Same as in Column 3 (a) of application)

Name : Mr./Ms. _____

Address : _____

State : _____ PIN Code :

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Mobile : _____ Phone No.(with STD Code) : _____

Affix your latest
Passport size
photograph and
put your signature
on the photograph

.....
(Signature of the Candidate)

(FOR OFFICE USE ONLY)											
REGISTRATION No. (WILL BE ASSIGNED BY OFFICE)	: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
EXAMINATION CENTRE	: SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH (DEEMED TO BE UNIVERSITY) PORUR, CHENNAI - 600 116										
DATE	: 23.06.2019 (SUNDAY)										
TIME	: 2.30 p.m. to 5.30 p.m.										
Signature of the Issuing Authority Signature of the Candidate (To be signed in the Examination Hall)										
Important Note : Candidates are instructed to report at the Examination Hall atleast half-an-hour before the scheduled time. Black Ballpoint pen will be provided in the Examination Hall.											

INSTRUCTIONS TO THE CANDIDATE

- HALL TICKET MUST BE PRODUCED AT THE TIME OF ENTRANCE EXAMINATION WITHOUT FAIL. NO CANDIDATE SHALL BE ALLOWED TO WRITE THE ENTRANCE EXAMINATION WITHOUT THE HALL TICKET.
- MERE ADMISSION TO THE ENTRANCE EXAMINATION DOES NOT CONFER ON THE CANDIDATE ANY RIGHT OF ADMISSION TO THE COURSE OF STUDY APPLIED FOR.
- Candidates **will not be allowed** to carry any textual material, printed or written, bits of papers or any prohibited materials such as pen, pencil, calculators, watches, mobile phones, paging devices or any other electronic gadget, that is likely to be of unfair assistance inside the examination hall. In case of violation, the candidate shall not be allowed to write the entrance exam and his candidature shall be cancelled.
- No candidate will be allowed to go outside the examination hall till completion of the first one hour duration.
- **Black Ball point pen for shading in the OMR Answer Sheet will be provided in the Examination Hall. Hence, candidates need not bring pens to the examination hall.**
- Candidates shall maintain perfect silence and attend to their papers only. Any conversation or gesticulation or disturbance in the examination hall will be deemed as misbehaviour. If any candidate is found to be misbehaving or using unfair means or resorting to impersonation, his/her candidature will be cancelled and he/she will be liable to be debarred from taking any Entrance Examination of the University.
- All candidates appearing for the All India Entrance Examination shall be required to sign in the attendance sheet to record their presence.
- The OMR answer sheet of the candidates should be handed over to the Hall Superintendent along with the question booklet. If any candidate fails to do so, his/her candidature shall be cancelled.



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Duplicate

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M.B.A. (HOSPITAL & HEALTH SYSTEMS MANAGEMENT) Degree Program

Name and mailing address of the Candidate: (IN BLOCK LETTERS)
(Same as in Column 3 (a) of application)

Name : Mr./Ms. _____

Address : _____

State : _____ PIN Code :

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Mobile : _____ Phone No.(with STD Code) : _____

Affix your latest
Passport size
photograph and
put your signature
on the photograph

.....
(Signature of the Candidate)

(FOR OFFICE USE ONLY)

REGISTRATION No. :

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(WILL BE ASSIGNED BY OFFICE)

EXAMINATION CENTRE : SRI RAMACHANDRA INSTITUTE OF HIGHER
EDUCATION AND RESEARCH
(DEEMED TO BE UNIVERSITY)
PORUR, CHENNAI - 600 116

DATE : 23.06.2019 (SUNDAY)

TIME : 2.30 p.m. to 5.30 p.m.

Signature of the
Issuing Authority

.....
Signature of the Candidate
(To be signed in the Examination Hall)

Important Note : Candidates are instructed to report at the Examination Hall at least half-an-hour before the scheduled time. Black Ballpoint pen will be provided in the Examination Hall.

(Turn over for instructions)

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ATTENDANCE SHEET

FOR ALL INDIA ENTRANCE EXAMINATION - 2019

COURSE	DATE	TIME
M.B.A. (HOSPITAL & HEALTH SYSTEMS MANAGEMENT) Degree Program	23.06.2019 (SUNDAY)	2.30 p.m. to 5.30 p.m.

EXAMINATION CENTRE : **SRI RAMACHANDRA INSTITUTE OF
HIGHER EDUCATION AND RESEARCH
(DEEMED TO BE UNIVERSITY)
PORUR, CHENNAI - 600 116**

Affix your latest
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on the photograph

Name : Mr/Ms.....
(Name in block letters)

.....
(Signature of the Candidate)

THE FOLLOWING DETAILS TO BE FILLED IN BY THE CANDIDATE IN THE EXAMINATION HALL IN THE PRESENCE OF HALL SUPERINTENDENT AND CHIEF SUPERINTENDENT											
REGISTRATION No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Question Book Code :	OMR Sheet No.:										
Signature of the Candidate (To be signed in the Exam Hall only)											
Signature of Hall Superintendent											
Signature of Chief Superintendent											