



OSMANIA UNIVERSITY
ICR SUMMARY SHEET

MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)
FOR THE ACADEMIC YEAR: 2024-2025



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)

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1. Name of the candidate [write in CAPITAL letters without touching edges of the boxes]

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2. Father's/Mother's Name [write in CAPITAL letters without touching edges of the boxes]

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3. Date of Birth

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4. Fee paid Rs.

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

5. Category:

<input type="radio"/> SC	<input type="radio"/> ST	<input type="radio"/> BC-A	<input type="radio"/> BC-B	<input type="radio"/> BC-C	<input type="radio"/> BC-D	<input type="radio"/> BC-E	<input type="radio"/> EWS	<input type="radio"/> Others
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6. Residential Status:

<input type="radio"/> Telangana	<input type="radio"/> Andhra Pradesh	<input type="radio"/> Others (Other than A.P.)
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7. Sex:

<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Transgender
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8. Name of the qualifying examination:

(M.B.B.S., B.D.S., B.P.T., B.Sc., B.Com., B.A., Others etc)

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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)

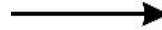
4	5
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10. Address for communication:

(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)**

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