தமிழ்நாடு திறந்தநிலைப் பல்கலைக்கழகம்
TAMIL NADU OPEN UNIVERSITY

Directorate of Technical Education Campus, Guindy, Chennai 600 025
Phone: (91 - 44) 22353522, 22300704, Fax : (91-44) 22200601, 22200606

APPLICATION No:

APPLICATION FORM FOR
MBA - HOSPITAL ADMINISTRATION

Please affix your recent passport size photograph (Self Attested)

Enrollment No.

1. NAME: (Write the initial at the end)

(Name in Tamil)(மாணவர் பெயர் தமிழில்)

Signature of the Candidate

2. FATHER'S / HUSBAND'S NAME : (Do not write Shri / Mr / Dr etc.)

3. a) ADDRESS FOR CORRESPONDENCE: House / Flat No,Building, Street / Village (Do not write your name / father's Name here)

CITY **DISTRICT CODE** **PINCODE**

STATE **TERRITORY** Urban Rural

b) TELEPHONE NUMBER (if any) with STD Code:

c) E-MAIL ID (if any)

4.DATE OF BIRTH: Date Month Year **5.SEX** M F **6.NATIONALITY** _____

7. PROGRAMME CODE: M B A H A **8. PSC CODE No.** 0 0 1

9. DD DETAILS:

	DD Number	(Date / Month / Year)	DD Amount
TNOU :		/ /	Rs
PSG:		/ /	Rs

BANK NAME:

10. EDUCATIONAL QUALIFICATION: (Which makes you eligible for the programme)

Examination Passed	Year of Passing	University / Board Including the Name & Place of the School / College	Percentage of Marks / Class

11. HOSPITAL EXPERIENCE : DURATION Years Months

12. EMPLOYED IN : Govt. Sector Semi Govt. Private Sector Self Employed

13. CATEGORY : SC ST MBC BC GENERAL

14. MARITAL STATUS: UNMARRIED MARRIED

15. SPECIAL CATEGORY:

EX-SERVICEMAN WAR-WIDOW HANDICAPPED NOT APPLICABLE