



ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES

Bangalore - 560 034

DEPARTMENT OF HOSPITAL ADMINISTRATION APPLICATION FOR POST GRADUATE COURSE MASTERS IN HOSPITAL ADMINISTRATION 2017 - 2019

Latest stamp
size photo

Appln. No:

1. Name (Block Letters):
2. Address:
.....Contact/Tel. No..... Email. ID:
3. Sex: 4. Date of Birth.....
5. Age: 6. Place and State of Birth:
7. Nationality: 8. Religion:
9. Caste, SC/ST: 10. State of Domicile:
11. STATUS: Priest Lay Woman (married) Lay Man (married)
 Religious Sister Lay Woman (unmarried) Lay Man (unmarried)
12. If Catholic, Diocese: 13. Whether Married/Single:
14. If Religious: Name of the Congregation and Provincial Superior with full address and phone no.:
.....
15. Name and address of Father/Guardian/Sponsor:
.....
16. Occupation & Annual Income of Father/Guardian:
17. Languages known other English: Read Write Speak
1) Mother Tongue
2)
3)
18. If employed in St. John's Medical College / Hospital : No. of years of service :
Department.....
19. Experience in Hospitals:

From	To	Position	Name and Address of Hospital
.....
.....
.....
.....
21. Attested copies of Marks Card and Certificates to be attached along with your application form:
 - i) Date of Birth
 - ii) Conduct Certificate
 - iii) Domicile (if Karnataka)
 - iv) Medical Certificate
 - v) SSLC Marks Card
 - vi) PUC Marks Card
 - vii) Under Graduate Marks Sheet
 - viii) Others / Masters Degree Marks Card

ACADEMIC CAREER

Your Entries should be Correct and Legible

Examination	Years of Passing	No. of Attempts	Subjects Taken	Max. Marks	Marks Obtained	% in each Subject
Graduate			i).....	i).....	i).....	i).....
			ii).....	ii).....	ii).....	ii).....
			iii).....	iii).....	iii).....	iii).....
TOTAL MARKS						
Post-Graduate			i).....	i).....	i).....	i).....
			ii).....	ii).....	ii).....	ii).....
TOTAL MARKS						

22. a) Social / Cultural..... b) Games..... c) Athletics.....d) NCC/Scouts/Guides.....

23. **References:** Give **Names** and **Addresses** of Two Persons as your References

(The Catholic Candidates will have to give their Parish Priest as one of the References. Relatives cannot be accepted as References)

i) ii)

PAYMENT DETAILS :

Enclosed Demand Draft No..

Dated for Rs.

DECLARATION

I hereby declare that:

- i) The application has been completed in my own handwriting, and that the information furnished by me in the application, to the best of my knowledge and belief, is correct
- ii) I shall always comply with the rules and regulations relating to conduct, attendance, progress in studies, and payment of dues to the college, or to the institutions associated with the college
- iii) I am aware of the Fee Structure and will pay the same regularly
- iv) I shall do nothing unworthy of a trainee of the college

Place: Date: Signature of the Candidate

- I hereby declare that :
- 1. The statements made and information furnished in this application by my son/ daughter/ward, to the best of my knowledge and belief are correct.
 - 2. I guarantee the due performance by him/her of all the obligations undertaken by him/her under foregoing declaration.

Place :

Date :

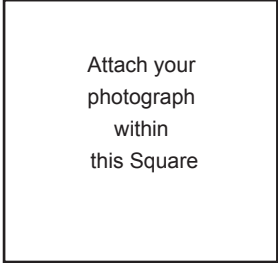
.....
 Signature of Parent/Guardian/Provincial Superior
 With phone number

.....
 Relationship to candidate

**POST GRADUATE COURSE
HALL TICKET**

No.

FULL NAME:



ADDRESS:
.....
.....

Date of Test : 14th July, 2017

Time : 9.00 a.m. to 10.00 a.m.

Venue : St. John's Medical College
Bangalore

REGISTRAR (I/C)