

**Dr. B. R. AMBEDKAR OPEN UNIVERSITY, HYDERABAD &
APOLLO INSTITUTE OF HEALTH CARE MANAGEMENT**

(Sponsored by AHERF)

Academic Block, III floor,
Apollo Health City, Jubilee Hills, Hyderabad – 500 096.

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APPLICATION FOR M.B.A (HHCM) ENTRANCE TEST 2017

DD No _____ Date _____ Bank _____ Place _____ Rs. _____

(Write your name and father's name as per your graduation certificate)

1. Name of the Candidate:
(In Capital Letters)

2. Name of the Father:

3. Name of the Mother:

4. Date of Birth

D	D	M	M	Y	Y	Y	Y

5. Reservation category, if any (put a ✓ mark)

ST	SC	BC-A	BC-B	BC-C	BC-D	BC-E	GEN.

6. Gender (put a ✓ mark)

Male Female

8. Name of the qualifying examination passed:
(for e.g. M.B.B.S., B.Sc., B.com., B.D.S, B.P.T. etc)

9. Percentage of Marks secured in the qualifying examination

10. Address for Communication
(In Block Letters)

Pin Code

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District : _____

State : _____

Phone No With STD Code: _____

Mobile No : _____

E-Mail : _____

Declaration: I hereby declare that the particulars furnished above are true and correct.

Date:

Place:

Signature of the Candidate

Please Note:

1. Submit the application to the Director, AIHCM.
2. Keep seeing the website www.apolloihcm.ac.in or braou.ac.in for information and updates
3. Please write your and father names, gender and sign the admit card (original and duplicate) before submitting application.
4. **Hall Tickets will not be posted. Collect the Hall Ticket from the Director, AIHCM from 27th June 2017 up to one hour before the Entrance Test i.e. 29.06.2017.**

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M.B.A (HHCM) Entrance Test 2017. Original Admit Card

Admit Card Number

Date & time of Examination: 29-06-2017 at 10.30 a.m. to 12.00 noon

Place of Examination: AIHCM, Academic Block, Apollo Health City

Campus, Jubilee Hills, Hyderabad – 500 096

Name of the Candidate: _____

Father's Name: _____

Sex (put a ✓ mark)

Male:

Female:

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Signature of candidate

Signature of Issuing Authority

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M.B.A (HHCM) Entrance Test 2017. Duplicate Admit Card

Admit Card Number

Date & time of Examination: 29-06-2017 at 10.30 a.m. to 12.00 noon

Place of Examination: AIHCM, Academic Block, Apollo Health City

Campus, Jubilee Hills, Hyderabad – 500 096

Name of the Candidate: _____

Father's Name: _____

Sex (put a ✓ mark)

Male:

Female:

**Affix
Recent
Passport size
Photograph here**

Signature of candidate

Signature of Issuing Authority