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**POST GRADUATE DIPLOMA IN HOSPITAL MANAGEMENT,
DEPARTMENT OF STATISTICS, SAURASHTRA UNIVERSITY, RAJKOT**

1. Full Name of the Student _____
2. Father's / Husband's Name _____
3. Complete Address (do not repeat name) _____

_____ Pin _____
4. Telephone
No. _____ (Residence) _____ (Office) _____ (M)
5. Educational Qualification; (Start with H.S.C. or equivalent)

Qualification	Year passed	University/college	Grade or %

6. Any significant achievement _____
7. Professional Experience:

Organization	Worked from dt	Worked till dt.	Total experience

Remarks if any _____

Signature of candidate

Date

Place

For office use only

Application received on date _____

Application No. _____

Signature of receiving person