



**Bharati Vidyapeeth**  
(Deemed to be University)

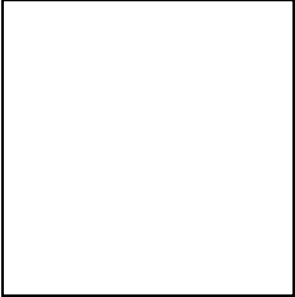
**Centre for Health Management Studies and Research**



**Application form 2021 – 2022 for BV- HMAT/ PG Diplomas/ Certificate Programs**

Please fill up the form in CAPITAL LETTERS only and Tick ✓ wherever necessary

1. Full name: \_\_\_\_\_
2. Gender: Male/Female    3. Father's name: \_\_\_\_\_
4. Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_    5. Place of Birth: \_\_\_\_\_
6. Nationality: \_\_\_\_\_    7. Domicile: \_\_\_\_\_
8. Rural / Urban    9. Blood group: \_\_\_\_\_    10. Religion: \_\_\_\_\_    11. Caste & Category: \_\_\_\_\_
12. Status: Employed / Fresher    13. If employed, specify name of the Organization: \_\_\_\_\_
- \_\_\_\_\_    14. Experience (in years): \_\_\_\_\_



<b>15. Permanent Address:</b>	<b>16. Correspondence Address:</b>

17. Phone No.: (With Code) \_\_\_\_\_ Mobile No.: \_\_\_\_\_
18. E-mail ID: \_\_\_\_\_

**19. Academic Qualifications:**

Sr. No	Qualification	Year of Passing	Institute	University/Board	Marks in %	Attempts
I	SSC (10 <sup>th</sup> )					
II	HSC (12 <sup>th</sup> )					
III	Graduation in _____					
IV						

20. Academic Programme Applied for: \_\_\_\_\_

21. Application form processing fee: Online payment id: \_\_\_\_\_ DD No.: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_  
(Application form fee of INR 1700/- can be paid through DD or online via link <https://www.bharatividyaapeethfees.com/>)

**Attached Certificates Checklist: (✓ if attached, wherever applicable)**

- i) Nationality/equivalent     ii) Domicile     iii) Proof of birth date     iv) Mark Sheets: \_\_\_\_\_
- v) Attempt     vi) Internship completion     vii) Registration     viii) Leaving/ Transfer
- ix) Migration     x) Experience     xi) Medical Fitness     xii) Others: \_\_\_\_\_

**DECLARATION**

I have read and understood the rules and regulations of Center for Health Management Studies and Research given in the prospectus and I do hereby agree to abide by the same.

**Place & Date:**

**Signature of the Applicant**