

Application No. \_\_\_\_\_

**Meenakshi Mission Hospital and Research Centre**  
*Healing With Care and Compassion*

Lake Area, Melur Road, Madurai 625 107  
Phone: # 91 452 2588741, 5392741; Fax: 2586353  
Email: [mmhrc@sancharnet.in](mailto:mmhrc@sancharnet.in) ; Visit <http://www.meenakshimission.org/acad.htm>

***Approved Institution of Madurai Kamaraj University***

**Application for Admission**

Academic Year 200 – 200

*Tick the course you are applying for*

- PG Diploma in **Fundraising Management**
- PG Diploma in **Micro Credit Management**
- PG Diploma in **Medical Records Management**
- PG Diploma in **Total Quality Management in Hospitals**



Completed application form should reach the following address by \_\_\_\_\_

The Principal  
**Meenakshi Mission Hospital and Research Centre**  
Lake Area, Melur Road  
Madurai 625 107 India

**Enclose the following Attested Photocopies along with the application:**

1. SSLC, Degree Convocation / Provisional Certificate, Distinctions, Medals, etc.
2. Statements of Marks of degree courses / professional examinations
3. Experience Certificate from the authority of the Institution served
4. Conduct Certificate from the Head of the Institution last served / studied
5. Migration Certificate from the University last studied (Other than MK University)
6. Transfer Certificate from the College last studied
7. Certificates on extra curricular activities
8. Community Certificate
9. Two self addressed envelopes with stamps of Rs.5/- each

*Note: Original Certificate should be produced at the time of interview*

**About the Applicant**

1. Name:		Affix your recent passport size photograph here		
2. Father's/Husband's/Guardian's Name:				
3. Date of Birth & Age:				
4. Sex: Male / Female				
5. Marital Status: Married / Unmarried				
6. Nationality:				
7. Religion:				
8. Community: OC / BC / MB / DNC / SC / ST				
9. Knowledge of English (please tick): Speak / Read / Write				
10. Fluency in other languages:				
11. Permanent Address:		Phone – Office:		
		Residence:		
		Mobile:		
State & Country:		Fax:		
PIN Code:		Email:		
12. Address for Communication:		Phone – Office:		
		Residence:		
		Mobile:		
State & Country:		Fax:		
PIN Code:		Email:		
13. Educational Qualification:				
<i>Degree/Major</i>	<i>College/University &amp; Place</i>	<i>Year of passing</i>	<i>Marks (in %)</i>	<i>Class</i>
14. Professional Qualification (courses and programs attended):				
<i>Course Description</i>		<i>Dates</i>	<i>Duration</i>	

15. Employment Record if any (list positions held during the last 10 years, beginning with present position):

<i>Name of the Organization</i>	<i>Title or Position</i>	<i>Period</i>	
		<i>From</i>	<i>To</i>

16. Extracurricular activities & Hobbies:

17. Briefly state why you want to do this course and how it would help in your career development:

**Note:** Only sponsored candidates have to complete questions 18 to 24:

18. Sponsoring Authority's Name:	
19. Designation:	
20. Name of the Organization:	
21. Applicant's Role/Designation:	
22. Organization Address:	Phone – Hospital:
	Residence:
	Mobile:
State & Country:	Fax:
PIN Code:	Email:
23. Describe the applicant's current duties and key responsibilities within your organization. Specify the title of the person to whom you report and the number and the titles of the people you supervise:	
24. Describe current problem(s) that your organization / you face in managing. (Please use additional sheet if necessary)	

I certify that the information given in this application is true to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Applicant

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsoring  
Authority with Office Seal

Date: \_\_\_\_\_