

**Dr.B.R.AMBEDKAR UNIVERSITY, SRIKAKULAM  
ETCHERLA, SRIKAKULAM (A.P) - 532 410**

**Application for P.G Diploma in Medical Records & Health Information(2 Years)**

Affix recent PP  
Photograph with  
Sign.  
across  
photograph.

Registration No:

1. All the columns in the application form should be filled in with the candidate's own handwriting. Applications which are incomplete in any respect will be summarily rejected.
2. Enclose photocopies of all qualified certificates.

1. Name in Full :

(Block Letters) SURNAME:

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NAME:

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2. Father's/Guardian's Name: .....

3. Aadhaar Number :

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4. E-Mail ID :

5. Mobile No. :

6. Address for correspondence:

_____
_____
_____
_____
PIN: _____.

7. Name and Permanent Address:

_____
_____
_____
_____
PIN: _____.

8. Occupation of Parent/ Guardian: \_\_\_\_\_

With Annual Income : \_\_\_\_\_

9. Date of Birth\* : 

D	D	M	M	Y	Y	Y	Y
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10. Sex (Put a ✓ mark) 

Male	
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Female	
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11. Reservation Category\*  
(Put a ✓ mark) 

SC	ST	OC	BC-A	BC-B	BC-C	BC-D	BC-E	Oth/Specify

12. Academic Qualifications\*:

Name of Institution	Place	Year of Pass	Gr./Perc.(%)	Class Obtained

13. Technical Qualifications\*:

Name of Institution	Place	Year of Pass	Gr./Perc.(%)	Class Obtained

14. State the reasons for seeking admission in to PGDMRHI.

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15. Details of Payment of prescribed Fee :

DD.No. ....Dt.....Amount In Rs. 250/- (Two Hundred fifty rupees only)  
drawn in favour of **"Diretor of Admissions, Dr.B.R.Ambedkar University, Srikakulam."**

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I declare that all the particulars given above are true and correct to the best of my knowledge and I will abide to all the Rules, Discipline and such other rules as may be prescribed by the University from time to time.

Station:

Date:

Signature of the Applicant