

Reg No:

Office use only :

APPLICATION FORM

No:

Office use only :

Please write in CAPITALS and complete all sections

Section A : Course Name

Executive Programme in Healthcare Management

Please affix your
photograph here

(Passport Size)

Section B : Personal Information

First Name

Middle Name

Last Name

Name :

Name as it should appear on Certificate

Gender : M F Date of Birth : Nationality

Father's/Husband's Name:

Section C : Contact Information

Home Address

Correspondence Address (if different)

City :

City :

State :

State :

Country :

Country :

PIN :

PIN :

Phone No :

Landline :

Alternate Phone No (Friend or Family Member):

Email Id :

Alternate Email Id :

Section D : Academic Qualification (Graduation Onwards)

Qualification	Name of the Institute	University	Year of Passing	Percentage

Section F : Supporting Documents

- Degree Certificate Degree Mark sheets Proof of ID
- Letter of Work Experience Proof of Address Passport Photograph
- Updated CV

Section G : Professional Profile

Professional Experience (Mention in Years)

Experience in Healthcare Sector _____

Experience in Any Other Sector _____

Current Occupation

Salaried

Self Employed

Other, please specify _____

Organization Name	Role/Profile	Tenure

Section H : How did you find out about this course

Online

Friend/ Family member

Mailer

If other please specify:

Section I : Declaration

I hereby confirm that the information provided by me in this application form is true, accurate, current and complete to the best of my knowledge; and I hereby agree to notify Apollo MedSkills Limited and IIM Lucknow, promptly, if any information contained in this application form should require change(s), in order to keep it true, current and complete.

I hereby affirm and undertake that I shall be disciplined and shall adhere to all the rules and regulations prescribed by Apollo MedSkills Limited and IIM Lucknow, from time to time. I have read and fully understood the "terms and conditions" given overleaf before filling in the application form and unconditionally accept them all to be binding on me.

I hereby undertake to pay all charges raised on account of services availed.

Signature of the Applicant

Date:

Place: _____

Terms and Conditions:

These terms and conditions govern the way in which these services shall be provided to you.

- Participation of applicants will be finalized based on meeting the minimum eligibility criteria, aptitude, and formal screening process by the team of experts from Apollo MedSkills Limited and IIM Lucknow.
- Apollo MedSkills Ltd. and IIM Lucknow reserves the right to disqualify a candidate for providing false information, submitting improper documents or for any misconduct.
- A letter of enrollment shall be shared immediately after selection.
- Certificate of course completion would be awarded by Apollo MedSkills Limited & IIM Lucknow only after payment of full fees and successfully clearing all internal and final assessments.
- The introductory course fees is Rs. 5,00,000/- plus applicable taxes and can be paid in 3 installments.
- Fees payment shall be accepted only through the following modes:
 - i. NEFT/RTGS/UPI
 - ii. Demand Draft in favor of Apollo MedSkills Limited.
- Account details
Bank Name: Yes Bank
Branch Name: Somajiguda, Hyderabad
Account Number: 000681400002631
IFSC Code: YESB0000006
- Fees once paid will not be refunded, under any circumstances, and fee transfer to any other candidate shall not be entertained.
- No cash payments will be accepted and Apollo MedSkills is not responsible for cash payment made by applicant
- The Application form will be processed only after the payment is realized/ received by Apollo MedSkills.

I have read, understood, agree and abide by above term & condition.

Name of the Applicant:

Date:

Place:

SIGNATURE