



OSMANIA UNIVERSITY
ICR SUMMARY SHEET

MASTER'S DEGREE IN HOSPITAL MANAGEMENT (MDHM)
FOR THE ACADEMIC YEAR: 2025-2026



Instructions to fill the ICR Summary Sheet

- a. Do not staple, wrinkle, scribble, wet or fold this form.
- b. Use **only black ball point pen to fill the form.**
- c. Leave one box blank between surname and name.
- d. Write relevant codes in the boxes as applicable.
- e. Do not make any stray marks on this ICR form.
- f. Please make sure that the letters/codes written should not touch the edges of the boxes.

Registration No.
(For office use only)

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<i>1. Name of the candidate [write in CAPITAL letters without touching edges of the boxes]</i>																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>																																					
<i>2. Father's/Mother's Name [write in CAPITAL letters without touching edges of the boxes]</i>																																					
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<i>4. Fee paid Rs.</i>	<table style="display: inline-table; border: 1px solid black;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td style="width: 20px; height: 20px; border: 1px solid black;"></td></tr> </table>																																				
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<i>5. Category:</i>																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 0 10px;"><input type="radio"/> SC</td> <td style="padding: 0 10px;"><input type="radio"/> ST</td> <td style="padding: 0 10px;"><input type="radio"/> BC-A</td> <td style="padding: 0 10px;"><input type="radio"/> BC-B</td> <td style="padding: 0 10px;"><input type="radio"/> BC-C</td> <td style="padding: 0 10px;"><input type="radio"/> BC-D</td> <td style="padding: 0 10px;"><input type="radio"/> BC-E</td> <td style="padding: 0 10px;"><input type="radio"/> EWS</td> <td style="padding: 0 10px;"><input type="radio"/> Others</td> </tr> </table>		<input type="radio"/> SC	<input type="radio"/> ST	<input type="radio"/> BC-A	<input type="radio"/> BC-B	<input type="radio"/> BC-C	<input type="radio"/> BC-D	<input type="radio"/> BC-E	<input type="radio"/> EWS	<input type="radio"/> Others																											
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<i>6. Residential Status:</i>																																					
<input type="radio"/> Telangana <input type="radio"/> Others																																					
<i>7. Sex:</i>																																					
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender																																					
<i>8. Name of the qualifying examination:</i>																																					
(M.B.B.S., B.D.S., B.P.T., B.Sc., B.Com., B.A., Others etc)																																					
<i>9. Course name and code in which the candidate wants to write entrance test:</i>																																					
Course	Code No. (to be filled by office)																																				
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10. Address for communication:
(Write in **CAPITAL LETTERS** with **Black ball point pen** only)

Name :						
Address:						
PIN						
Mobile/Phone No.:						

Do not attest the photograph
→

11. Affix your recent Passport size Photograph (Do not Pin/Staple the Photograph)
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12. Signature of the candidate
(within the box given above)