



Academic Session: 2026–28
Batch: 21

ADMINISTRATIVE STAFF COLLEGE OF INDIA POST GRADUATE DIPLOMA IN HOSPITAL MANAGEMENT

(Approved by AICTE)

1. Please use BLOCK LETTERS to fill in the application form.
2. Enclose payment proof of ₹500/- (Rupees Five Hundred only) in favour of Administrative Staff College of India, payable at Hyderabad.
3. Candidates must qualify in CAT*/CMAT/GMAT/MAT/XAT/ATMA/ Other equivalent examinations (as per AICTE norms).
4. Personal Interviews will be conducted at CPC Campus, ASCI, Banjarahills, Hyderabad.

Affix Recent
Passport size
Photograph

Preferred Mode of interview:

Face-to-face

Virtual

APPLICATION FORM

1. Full Name As per 10th Certificate: _____

2. Name of Parent / Spouse / Guardian : _____

3. Student Contact No: _____

4. Parent Contact No: _____

5. Email (Compulsory): _____

6. Date of Birth as per 10th certificate _____

7. Gender (Please tick) : Male Female

8. Aadhar Number: _____

9. Present Address: _____

City: _____ State: _____ Pin : _____

10. Permanent Address: _____

City: _____ State: _____ Pin : _____

11. Qualifying Examination (please specify): CAT*/CMAT/GMAT/MAT/XAT/ATMA/Other

12. Score obtained : (Attach attested copy of Score Sheet) _____

13. Overall Percentile _____

14. Preference of Mode of interview: Face-to-Face _____ or Virtual _____

15. Education (Please enclose attested copies of the certificates/testimonials) :

| Particulars | Qualification | Name of Board / Institution/ University | Year of Study | | Division / Percentage |
|---------------------------------------|---------------|---|---------------|----|-----------------------|
| | | | From | To | |
| SSC / CBSE / ICSE (10 th) | | | | | |
| Intermediate HSC / 12 th | | | | | |
| Graduation | | | | | |
| Post Graduation/ Other (Specify) | | | | | |

16. Work Experience (If any):

| Name of the Organisation | Designation / Job Description | Reporting to | Period | |
|--------------------------|-------------------------------|--------------|--------|----|
| | | | From | To |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

17. Details of Payment :. _____ Date : _____

Transaction Id : _____

DECLARATION

I hereby declare and certify that the information furnished in this application form is true to the best of my knowledge. I have not been disqualified by any University from appearing for any examination or from seeking admission to any programme of study. If admitted, I agree to abide by the Rules and Regulations of ASCI.

Date : _____

Place : _____

Signature



Dr Kakarla Subba Rao Centre for Healthcare Management
Administrative Staff College of India
College Park Campus, Road No. 3,
Banjara Hills, Hyderabad - 500 034.
Phone :