



# THE SANKARA NETHRALAYA ACADEMY

(A unit of Medical Research Foundation)

Chennai - 600 016, India.

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## APPLICATION FORM FOR PG PROGRAM IN HOSPITAL MANAGEMENT

Name of the Applicant with initial (as in Qualifying Certificate - in BLOCK Letters)

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Expansion of Initials																			
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Address for Communication:

Pincode:                      E-mail:

Phone with STD code:                      Mobile:

Sex:                      M                      F

Date of Birth:                      Date:                      Month:                      year:                      Nationality:

Payment Details:

Particulars of Demand Draft:

DD. No:                      Rs.                     

Date:                      Bank                     

Note: The Candidate Should write his/ her name on the reverse of the demand draft

Details of Educational qualification:					
Course Studied	Name of the Degree	Major	Month & Year of Passing	Name of the Institution & University	Percentage of Marks
UG					

(Enclose Attested Copies of degree Certificates)

**Additional Qualification (Courses and Programmes attended)**

Course Description	Date			Duration
	DD	MM	YY	

**Language proficiency:**

<b>Knowledge of English:</b>	Speak		Read		Write	
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<b>Language Known:</b>	
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**Have You Attended any Education programme at Sankara Nethralaya?**

Course Attended	Period					
	From			To		
	DD	MM	YY	DD	MM	YY

**Professional Experience**

List positions held during the last 2-3 years, beginning with present position (if applicable)

Name of the Organisation	Title of Position	Duration	
		From	To

I hereby declare that the particulars given above are true. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Date:

Place:

Signature of the Candidate

**Enclosures:**

Note: Attested Photocopies of the following should be enclosed with the application form

1. Photostat and attested copies of certificates in support of your academic Qualifications.
2. Two Passport Size Photographs (Recent)
3. Copy of Identification proof.
4. DD Drawn in favour of "Medical Research Foundation" payable at Chennai.

Filled in application form with enclosures to be forwarded to:

**Faculty of Management Studies**  
The Sankara Nethralaya Academy  
(Unit of Medical Research Foundation)  
No.8, Dr.V.G.Appukutty Campus,  
GST Road, St.Thomas Mount,  
Chennai - 600016 (Near Alandur Metro)  
Phone: 044-49086000 / 6005  
Mobile: 9995497819 / 9381007994  
Email: senthilg@snmail.org / tsnafoms@snmail.org