

10. Work Experience (if any):

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

11. State briefly (in not more than 200 words) your career objectives and what you see yourselves doing in 5 years time:

12. Details of Demand Draft (DD) attached: DD No: _____ Date: _____
Drawn on Bank _____

DECLARATION

I hereby declare that the information given by me in this application is correct to the best of my knowledge and belief.

Date: _____

Place: _____

Signature: _____

Completed Application Form, Demand Draft and attested copies of certificates and score sheets may be sent to.
Director, Centre for Healthcare Management, Administrative Staff College of India, College Park Campus,
Rd #3, Banjara Hills, Hyderabad-500 034. Phone #91-40-66720713/66720711 Fax: 66720725 Email:-rvp@asci.org.in