



Bollineni
Medskills

Dr.B.R.AMBEDKAR UNIVERSITY – SRIKAKULAM

In collaboration with

BOLLINENI MEDSKILLS (A unit of Aditya Educational Society),

GEMS Hospital Campus, Ragolu, Srikakulam– 532484

Notification for Admission into P.G. Courses(Healthcare) for the Academic Year 2023- 24

Dr.B.R.Ambedkar University, Srikakulam in collaboration with Bollineni Medskills (A Unit of Aditya Educational Society) offers the following P.G. courses. Applications are invited in the prescribed format for seeking admission.

1. Master of Healthcare Administration (2 Years) – 40 seats
2. P.G.Diploma in Medical Records and Health Information (1 Year) – 40 seats

Eligibility: M.B.BS, B.D.S, B.Sc., B.Pharmacy, B.Sc.Nursing / B.A.M.S/B.H.M.S, B.Sc. (All Streams)/B.A/B.Com/Any Degree pass.

Age limit: 20 to 35 years

These courses Classes and Practicals will be conducted at Bollineni Medskills, GEMS&Hospital Campus, Ragolu, Srikakulam-532484. Interested candidates are required to submit their application in prescribed format. Application Registration and Processing fee of Rs.250/- to be paid in favour of “Principal, College of Arts, Commerce, Law & Education, Dr. B.R.Ambedkar University, Etcherla, Srikakulam” through Bank Demand Draft(DD) drawn from any National Bank. The Application, Prospectus and detailed information can be downloaded from Dr.B.R.Ambedkar University **Website:www.brau.edu.in / www.bollinenimedskills.in** Candidates are required to submit their filled in Applications to the Office of the Director of Admissions, Dr.B.R.Ambedkar University, Etcherla, Srikakulam, A.P-532410 by post or in person.

For any information please contact: 7995013422 | 7680945357

Sale of Application: 10-07-2023
Applications Last date: 11-08-2023

With late fee Rs.500/- last date: 20-08-2022

Ch. N.H.
Executive Director
Bollineni Medskills
GEMS & Hospital Campus
Ragolu, Srikakulam

Approved for notification

6/7/2023

REGISTRAR
Dr. B.R. Ambedkar University Srikakulam
Etcherla-532410

B.V.R. Murthy
Principal
College of Arts, Commerce, Law & Education
Dr. B.R. Ambedkar University
Etcherla, Srikakulam

Asst. Principal
Arts, Commerce, Law and Education
Dr. B.R. Ambedkar University
SRIKAKULAM-532 410 (A.P)



**Dr.B.R.AMBEDKAR UNIVERSITY, SRIKAKULAM
ETCHERLA, SRIKAKULAM (A.P) - 532 410**

Affix recent PP
Photograph with
Sign.
across
photograph.

Application for Master of Health Administration (2 Years)

Registration No:

1. All the columns in the application form should be filled in with the candidate's own handwriting. Applications which are incomplete in any respect will be summarily rejected.
2. Enclose photocopies of all qualified certificates.

1. Name in Full :

(Block Letters) SURNAME:

NAME:

2. Father's/Guardian's Name:

3. Aadhaar Number :

4. E-Mail ID :

5. Mobile No. :

6. Address for correspondence:

PIN: _____.

7. Name and Permanent Address:

PIN: _____.

8. Occupation of Parent/ Guardian: _____
With Annual Income : _____

9. Date of Birth* :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

10. Sex (Put a ✓ mark)

Male	
------	--

Female	
--------	--

11. Reservation Category* (Put a ✓ mark)

SC	ST	OC	BC-A	BC-B	BC-C	BC-D	BC-E	Oth/Specify

12. Academic Qualifications*:

Name of Institution	Place	Year of Pass	Gr./Perc.(%)	Class Obtained

13. Technical Qualifications*:

Name of Institution	Place	Year of Pass	Gr./Perc.(%)	Class Obtained

14. State the reasons for seeking admission in to PGDMRHI.

15. Details of Payment of prescribed Fee :
DD.No.Dt.....**Amount In Rs. 250/- (Two Hundred fifty rupees only)**
drawn in favour of **"Diretor of Admissions, Dr.B.R.Ambedkar University, Srikakulam."**

I declare that all the particulars given above are true and correct to the best of my knowledge and I will abide to all the Rules, Discipline and such other rules as may be prescribed by the University from time to time.

Station:

Date:

Signature of the Applicant

**Dr.B.R.AMBEDKAR UNIVERSITY, SRIKAKULAM
ETCHERLA, SRIKAKULAM (A.P) - 532 410**

Application for P.G Diploma in Medical Records & Health Information(1 Year)

Affix recent PP
Photograph with
Sign.
across
photograph.

Registration No:

1. All the columns in the application form should be filled in with the candidate's own handwriting. Applications which are incomplete in any respect will be summarily rejected.
2. Enclose photocopies of all qualified certificates.

1. Name in Full :

(Block Letters) SURNAME:

NAME:

2. Father's/Guardian's Name:

3. Aadhar Number :

4. E-Mail ID :

5. Mobile No. :

6. Address for correspondence:

PIN: _____.

7. Name and Permanent Address:

PIN: _____.

8. Occupation of Parent/Guardian: _____
With Annual Income : _____

9. Date of Birth* :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

10. Sex (Put a ✓ mark)

Male	
------	--

Female	
--------	--

11. Reservation Category* (Put a ✓ mark)

SC	ST	OC	BC-A	BC-B	BC-C	BC-D	BC-E	Oth/Specify

12. Academic Qualifications*:

Name of Institution	Place	Year of Pass	Gr./Perc.(%)	Class Obtained

13. Technical Qualifications*:

Name of Institution	Place	Year of Pass	Gr./Perc.(%)	Class Obtained

14. State the reasons for seeking admission in to PGDMRHI.

15. Details of Payment of prescribed Fee :

DD.No.Dt.....**Amount In Rs. 250/- (Two Hundred fifty rupees only)**
drawn in favor of **"Director of Admissions, Dr.B.R.Ambedkar University, Srikakulam."**

I declare that all the particulars given above are true and correct to the best of my knowledge and I will abide to all the Rules, Discipline and such other rules as may be prescribed by the University from time to time.

Station:

Date:

Signature of the Applicant