

All India Council for Technical Education (A Statutory body under Ministry of HRD, Govt. of India)

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F.No. North-West/1-414230261/2011/EOA

Date: 01-09-2011

To, The Principal Secretary (Higher & Technical Education) Muni Maya Ram Marg, Pitam pura, Pitam Pura, Near T V. Tower, Delhi-110088

Sub: Extension of approval for the academic year 2011-12.

Ref: Application of the Institution for Extension of Approval for the Year 2011-12

Sir/Madam,

In terms of the Regulations notified by the Council vide F.No. 37-3/Legal/2011 dated 10/12/2010 and norms, standards, procedures and conditions prescribed by the Council from time to time, I am directed to convey the extension of approval of the Council to

| Regional Office | North-West | Application Id | 1-414230261 1-24420701 PLOT NO.3, POCKET HAF, SECTOR-18A, PHASE-II, DWARKA, DELHI, WEST DELHI, Delhi, 110075 | | | |
|--|---|-----------------------|--|--|--|--|
| | | Permanent Id | | | | |
| Name of the Institute | INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH | Institute Address | | | | |
| Name of the Society/Trust INDIAN INSTITUTE OF HEALTH MANAGEMENT RESEARCH | | Society/Trust Address | 1, PRABHU DAYAL MARG, SANGANER AIRPORT, JAIPUR, JAIPUR, Rajasthan, 302011 | | | |
| Institute Type | Unaided - Private | | | | | |

to conduct following courses with the intake indicated below for the academic year 2011-12

| Application Id: 1-414230261 | | Course | O | Affiliating Body | Intake 2010-11 | Approved for | NRI | PIO | boration | |
|-----------------------------|-----------|-------------------------------------|---|------------------|-------------------|--------------|------------------------|-----|----------|-----------------------|
| Program | Shift | Level | | Full/Part Time | | | Intake Approv 11-12 | | | Foreign Collaboration |
| MANAGEM ENT | 1st Shift | POST GRAD UATE DIPLO MA | POST GRADUATE DIPLOMA IN MANAGEMEN T (HOSPITAL AND HEALTH MANAGEMEN T) | FULL TIME | None | 120 | 120 | No | No | No |

The above mentioned approval is subject to the condition that INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH shall follow and adhere to the Regulations, guidelines and directions issued by AICTE from time to time and the undertaking / affidavit given by the institution along with the application submitted by the institution on portal.

In case of any differences in content in this Computer generated Extension of Approval Letter, the content/information as approved by the Executive Council / General Council as available on the record of AICTE shall be final and binding.

Application Number: 1-414230261

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Note: This is a Computer generated Extension of Approval Letter. No signature is required. Printed By: AE3206361

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