

Serial No.



INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

Plot 3 Sector 18 A, Dwarka, Delhi 110075

APPLICATION FORM

Fellowship Programme in Management

Batch 2021- 2024

Instructions:

- All information asked for should be provided. Incomplete forms will be rejected.
- In case of paucity of space, you can attach an additional sheet mentioning the item number responded.
- The application fee is ₹ 1000/- non- refundable and the payment can be made through DD/RTGS/NEFT

Institute's Bank Details

Bank Name: HDFC Bank Ltd.

Bank Address: Plot No.11, Aggarwal Central Plaza, DDA Shopping Complex, Sector-5, Dwarka, New Delhi-110075

Bank Account No.: 02490330000019

Bank IFSC Code: HDFC0000249

BIC (Swift) code: HDFCINBBDEL

Bank Account Holder Name: International Institute of Health Management Research

Address of Account Holder: Plot No.3, HAF Pocket, Phase-II, Sector-18A, Dwarka, New Delhi-110075

List of the self-attested documents to be attached with the application for admission:

S.No	List of Documents	Place a Tick
1	10 + 2 mark sheet	
2	Post-Graduation degree/ B.E/B.Tech degree/ final Mark sheet	
3	UGC-Net/ CSIR scholarship award letter	
4	Work Experience	
5	Pan Card or Aadhar Card copy	
6	2 Copies of Self attested photos	
7	Abstract of proposed study (5000 words)	

How to Apply: Submit the filled form with documents and application fee details to sushila@iihmrdelhi.edu.in

B. Application Fee Details:

a) DD DD No. Date Drawee Bank

b) RTGS/ NEFT Transfer No DateAccount Holder Name.....

C. Academic Performance: (Starting from 10th Standard)

S. No.	Name of Examination	Name of Board/ University	Year of Passing	% of Marks (Aggregate)	Division
1					
2					
3					
4					
5					

D. Have you cleared UGC-NET or CSIR Scholarship Exam? Yes/ No. If Yes, the name of the exam and date of passing the exam _____

E. Details of Past and Present Work Experience

S.No.	Organization	Designation/ Position Held	From	To	Duration (months)
1					
2					
3					
4					

E. Specialization you are opting for (Tentatively choose one)

a. Health Management b. Hospital Management c. Health Information Technology Management

F. Mention the proposed topic of study (Attach an abstract of about 5000 words):

G. What are your expectations from the program (Mention in few words): _____

H. How did you come to know about the program (Select top two sources. Place a Tick Mark)

Word of Mouth

Linked-in /Twitter/Facebook/ Instagram

Newspaper/ Magazine

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

IIHMR Delhi Website

Alumni

Any other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SECTION – B

Declaration by the Applicant

I hereby certify that the above information provided by me is correct and, I understand that if the information is found to be incorrect or false, then I will be automatically debarred from the selection/admission process without any correspondence in this regard. I also understand that the application/registration/short listing does not guarantee admission in the institute. I accept the process of admission undertaken by the institute and I will abide by the decision taken by the institute authorities. I have checked the information carefully. I will, on admission, adhere to the rules and discipline of IIHMR. I hold myself responsible for the dues and payment of fees. I confirm that there is no legal case filed against me and will provide the necessary information as and when required by the institute.

I have also provided the names of two people who can provide an academic reference in support of my application.

Reference 1

Reference 2

Name

Designation

Affiliation

Contact No

Email

Date

Signature

Name of the Applicant

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For Official Use

Application Verified By :

Date

Application Approval Status:

Date