

Serial No.

CERTIFICATE PROGRAMME

Supply Chain Management in Health Institutions in Developing Countries

PHOTOGRAPH

March 28-June 15,2023 (ONLINE) (DURATION 12 Weeks)

A. Biographical Information (Please fill all the details in capital letters only)

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B. Program Fee* Details:

National Participants: INR 10,000/- plus 18% GST, International Participants: USD 150 plus 18% GST

Payments can be made through DD/RTGS/NEFT

- (a) NEFT/RTGS Ref. No.
- (b) Demand Draft: DD No. Date. Drawee Bank
- (c) Cheque.: Cheque No. Date

Institute's Bank Details for NEFT/RTGS

Bank Name:	INDUSIND BANK
Bank Address:	SANGAM COMPLEX, GR. FLR. CHURCH ROAD, JAIPUR - 302001
Bank Account No.:	100148774167
Bank IFSC Code:	INDB0000016
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

*Important to follow sending course fee payment through NEFT:

1. SMS should be sent immediately on the same day of sending payment at Mobile No. $\underline{09636216708}$ / $\underline{07838203682}$ with following information's: -

a) NEFT No. (UTR No.)

b) Name of Student

c) Name of Sender of money

d) Name of the Bank & City

2. The payment making Information through NEFT also send through E-mail on same day at following E-Mail IDs with the scan copy of above duly filled format

Email IDs: - jagdishsahu@iihmrdelhi.edu.in / amit@iihmrdelhi.edu.in

Note: Kindly Email the Scan copy of Application Form along with payment details on meenakshis@iihmrdelhi.edu.in

C. Education Details.

Please give information about your academic qualifications (start with the last degree down to class X)

S.No.	Name of Examination	Name of Board/ University*	Year of Passing

* The degree/course should be recognized by a university in accordance with the Association of Indian Universities/MCI/AICTE/UGC.

D. Copy of ID Proof (Aadhar Card/Pan card/Voter Card/Passport or any Identity Card)

S. No.	Organization	Designation/ Position Held	Year and Month From/ To

E. Work Experience (in years, if any):

F. How did you come to know about this course (Kindly give top three sources as given below)

1. Word of mouth	:
2. Coaching Centre/Consultant	:
3. Telephone Calls/Email from IIHMR	:
4. Newspaper/ Magazine	:
5. Career Fair	:
6. IIHMR Website	:
7. Social Site- Facebook/Blog/Twitter	:
8. Alumni	:
9. Any other sources (specify)	:

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.

Name

Signature

Date