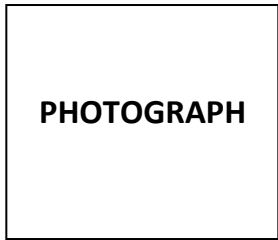




Serial No.

CERTIFICATE PROGRAMME
Supply Chain Management in Health Institutions in Developing Countries

January 04-March 24,2022 (ONLINE) (DURATION 12 Weeks)



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

Title:	Mr.	Ms.	Dr.	Others (Please specify)	
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i. Name:

First Name																																			
Middle Name																																			
Last Name																																			

ii. Gender: iii. Date of Birth: iv. Nationality: v. Blood Group:

Male	Female	D	D	M	M	Y	Y	Y	Y		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

vi. Father’s Name (Do not write Sri/Mr./Dr. etc.):

vii. Mother’s Name:

viii. Address for Correspondence:

For admission related communication

City																															Pin										
State																															Pin										

Contact No.	STD CODE		Phone No.
Land Line	<input type="text"/>	-	<input type="text"/>
Cell No.	<input type="text"/>		

Permanent Address

City																															Pin										
State																															Pin										

Contact No.	STD CODE		Phone No.
Land Line	<input type="text"/>	-	<input type="text"/>
Cell No.	<input type="text"/>		

Email ID: (Mandatory)

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. [09636216708](tel:09636216708) / [07838203682](tel: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)

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

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

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