



**International Institute of Health Management Research,  
New Delhi**

**REGISTRATION FORM**

- 1. Program Title:
- 2. Duration :
- 3. Name and address of the sponsoring organization: \_\_\_\_\_  
\_\_\_\_\_
- 4. Personal details of the attending delegates:

S. No	Name	Designation	Qualification	Telephone	Email ID

- 5. Fee Details  
Rs. \_\_\_\_\_ D.D. No. \_\_\_\_\_ Date \_\_\_\_\_  
Name of the Bank \_\_\_\_\_

***DD should be drawn in favour of "IIHMR, New Delhi". The programme fee includes charges for tuition, training material, local hospitality ( Lunch & Tea) at IIHMR, Delhi.***

- 6. How did you come to know about this programme (please tick):
  - I. Received printed brochure and letter by post:
  - II. Received information by email:
  - others (kindly specify): \_\_\_\_\_

**Venue : International Institute of Health Management Research**

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