



**INSTITUTE OF HEALTH MANAGEMENT RESEARCH
BANGALORE**

APPLICATION FORM – PGPHM - January 2010

PASTE & SELF ATTEST - RECENT PASSPORT SIZE COLOUR PHOTOGRAPH

Name:

Date of Birth: / / (DD/MM/YY) **Sex:** Male Female

Father's Name:

Mother's Name :

Address for Communication :

Phone: **Mobile:**

Permanent Address:

Phone:

E-mail: **Alternative Email :**

Education

Name of Examination	Name of Board / University	Major Subjects	Year of Passing	% of Aggregate Marks	Division
10 th Std					
12 th Std					
Degree					
Any other qualification:					

Work Experience if any (organization & years): ----- & -----
(Attach a separate sheet if required)

How did you come to know about IHMR _____

Details of Demand Draft

Bank Name & Branch	D.D. Number	Date	Amount
			Rs. 1000/-

Date:

Signature of the Candidate

Instructions

- D.D. for Rs 1,000 (Rs One Thousand only) drawn in favor of "Indian Institute of Health Management Research", payable at "Bangalore", be sent along with the duly completed application form) addressed to :
"The Director, Institute of Health Management Research, # 319, Near Thimma Reddy Layout, Electronics City Phase 1, Bangalore – 560105, Tel. : +91-80-30533800 / 93419 80255"
- The next batch for the course commences in January 2010.
- For Further Information, visit www.ihmr.org.
- This Program is outside the purview of AICTE or any other regulatory body.
- **Registrations open till 25th Jan 2010.**