



**INSTITUTE OF HEALTH MANAGEMENT RESEARCH  
BANGALORE**

**APPLICATION FORM – PGPHM / PGPPHM - July 2008**

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 <sup>th</sup> Std					
12 <sup>th</sup> Std					
Degree					
Any other qualification:					

Work Experience if any (organization & years): ----- & -----

(Attach a separate sheet if required)

**Details of Demand Draft**

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

**I am applying for # -**

**Post Graduate Program\* in Hospital Management (PGPHM) #**

**Post Graduate Program\* in Public Health Management (PGPPHM) #**

**Date:** .....

**Signature of the Candidate**

**Instructions**

- Ø D.D. for Rs 1,000 only (Rs One Thousand only) drawn in favor of “Institute of Health Management Research”, payable at “Bangalore”, be sent along with the duly completed application form (downloaded from the website) – for each course separately.
- Ø \*Both the Programs are outside the purview of AICTE and any other authority.
- Ø The next batch for both the courses commences on July 2<sup>nd</sup> 2008.
- Ø # Please encircle the appropriate course to which are applying.
- Ø For Further Information, visit [www.ihmr.org](http://www.ihmr.org)