

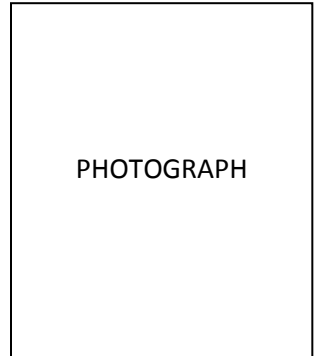
# INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR

## APPLICATION FORM

### e- Quality Management in Health Care for Executives

**Instructions:**

1. The application form should be filled in by the student in their own handwriting.
2. All information asked for should be provided. Incomplete forms will be rejected.
3. In case of paucity of space, you can attach an additional sheet of paper mentioning the item Number responded.
4. The Course will be offered in English only.


**A. Biographical Information (Please fill all the details in Capital Letters Only)**

<b>Title:</b>	Mr.	Ms.	Dr.	Others (Please specify)
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**i. Name:**

First Name																				
Middle Name																				
Last Name																				

**ii. Gender**

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

**iii. Date of Birth**

D	D	MM	Y	Y	Y	Y

**iv. Nationality**

**v. Father's Name ( Do not write Sri/MR./ Dr. etc.)**

**vi. Mother's Name**

**vii. Address for Correspondence**
**Present address**

First Line																					
Second Line																					
Third Line																PIN					

**Contact No. STD CODE**
**PHONE NO.**

Land Line		-	
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**Cell No.**

**Permanent address**

First Line																					
Second Line																					
Third Line																PIN					

**Contact No. STD CODE**
**PHONE NO.**

Land Line		-	
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**Cell No.**

**Email ID:-**


**B. Academic Performance**

S.No.	Name of Examination	Name of Board / University*	Year of Passing	% of Marks (aggregate)	Division	Major Subjects

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

**C. Work Experience (Years): .....**

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

List of the documents (copies attested by a gazetted officer) to be attached with the application for admission:

1. Class X certificate
2. 10+2 certificate showing the subjects passed
3. Final mark sheet for the candidates who have passed the qualifying degree
4. Certificate(s) of work experience
5. Proof of Residence
6. Colored passport sized photograph (two)

**Important Dates**

Receipt of the Application Form	20th of every Month
Last Date for receipt of Tuition Fee	25th of every Month
Issuance of User Id & Password	29th of every Month
Commencement of the course	1st of every Month

**Declaration by the Applicant**

I declare that the particulars given above are all correct to the best of my knowledge and belief. I will, on admission, adhere to the rules and discipline of IIHMR, Jaipur. I hold myself responsible for the dues and payment of fees.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date