



Registration Form for MDP

Programme Title	Patient Medication Safety and Quality Management in Hospital
Duration	September 10 -14, 2018
<p>Please e-mail the scanned completed form to: training@iihmr.edu.in</p> <p>Hard Copies can be mailed to: Program officer (Training) The IIHMR University 1, Prabhu Dayal Marg, Sanganer Airport Jaipur - 302 029, INDIA Phone: 0141-3924700 (30 Lines) Fax: 0141-3924738</p>	

We are happy to nominate the following candidate(s) from our organization for the above-mentioned program.

S no.	Name	Designation	Age	Sex M/F	Mobile number
1					
2					
3					
4					
5					

OR

I am applying for the above program and my details are:

Name.....

Designation

Address

.....

Email.....

Mobile/ Phone No.....

Passport details of the international participant: -

Passport No..... Issuing Country.....

Issue Date..... Expiry Date