

**School of Pharmaceutical Management
Nomination Form for MDP**

Programme Title	"Safeguarding Quality of Medicines in Resource Limited settings"
Duration	September 24-28, 2018 at The IIHMR University, Jaipur, India.
Please e-mail the scanned completed form to: saurabh@iihmr.edu.in/training@iihmr.edu.in	

We are happy to nominate the following candidate(s) from our organization for the above-mentioned program.
(Kindly **TYPE** the details in the format given below)

S no.	Name of the participant	Designation	Name of the organization with address	Age /Gender (M/F)	Mobile number of the participant	Email of the participant	Passport Details
1							Passport number: Issue date: Expiry date: Issuing country:
2							Passport number: Issue date: Expiry date: Issuing country:

COPY OF THE FORM CAN BE USED IN CASE OF MORE THAN TWO PARTICIPANTS

DETAILS OF THE SPONSORING AUTHORITY:

Name.....

Designation.....

Address.....

Email.....

Mobile/Phone.....

Date

Place

Signature and official stamp of the Sponsoring authority