



Registration Form for MDP

<b>Programme Title</b>	<b>HEALTHCARE OPERATIONS MANAGEMENT</b>
<b>Duration</b>	<b>May 31-June 2, 2019</b>
<p>Please e-mail the scanned completed form to: <a href="mailto:training@iihmr.edu.in">training@iihmr.edu.in</a></p> <p><b>Hard Copies can be mailed to:</b> 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 .....