



### Nomination Form for MDP

<b>Programme Title</b>	<b>Patient Medication Safety and Quality Management</b>
<b>Duration</b>	<b>August 21-25, 2017</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(yrs)	Sex(M/F)	Mobile number

Enclosed please find a cheque/draft No.....dated.....for Rupees..... In words Rs.....towards participation fee, drawn in favour of “Institute of Health Management Research, Jaipur”.

Date:  
Place:

Signature  
Name & Address of Sponsoring Authority