



Nomination Form for MDP

Programme Title	Safeguarding Quality of Medicine in Resource Limited Settings
Duration	September 18-22, 2017
<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(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