



Nomination Form for MDP

| | |
|---|--|
| Programme Title | Leadership and Strategic Management in Healthcare |
| Duration | November 6-10, 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 favor of “IIHMR University , Jaipur”.

Date:
Place:

Signature
Name & Address of Sponsoring Authority