

Enrolment No. \_\_\_\_\_  
(to be filled by the office)

**NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE  
NEW DELHI - 110067**

**APPLICATION FORM FOR ADMISSION TO ONE YEAR CERTIFICATE COURSE IN  
HOSPITAL MANAGEMENT  
THROUGH DISTANCE LEARNING  
BATCH 2009-2010**

COURSE FEE Rs.10, 000/- through Demand Draft drawn  
in favour of Director, NIHFV, payable at New Delhi

Demand Draft No. \_\_\_\_\_

Dated \_\_\_\_\_

Drawn on Bank and Branch \_\_\_\_\_

AFFIX RECENT  
PASSPORT  
SIZE PHOTOGRAPH

1. Name of the Applicant in full (Block Letters) In English Dr. \_\_\_\_\_

In Hindi \_\_\_\_\_

(as you would like it on the certificate)

2. Sex:

Male

Female

3. Father's/Husband's Name \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

Date

Month

Year

5. Present Designation  
& Official address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin Code \_\_\_\_\_ State \_\_\_\_\_

Tel.No. (Off.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Fax No. (If any) \_\_\_\_\_

E-mail address (if any) \_\_\_\_\_

6. National/State Council Registration No. \_\_\_\_\_

7. Mailing Address \_\_\_\_\_

(Block Letters) \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

8. Nationality: \_\_\_\_\_

9. Whether belongs to SC/ST/OBC/PH: \_\_\_\_\_

10. Whether belongs to North-Eastern States or Sikkim \_\_\_\_\_

11. Examination Passed: Enter Code No.

Examination Passed	Subject/Discipline	University & College	Year	Aggregate % of Marks	Division

Code Nos. for Col. 11

1. M.B.B.S. (Internship completed)
2. BDS
3. B.Sc. Nursing
4. Bachelor of AYUSH etc.
5. M Pharma
6. B Pharma
7. D Pharma
8. General Nursing & Midwifery
9. Physiotherapy
10. Occupational therapy

12. Total experience of working (in years) \_\_\_\_\_

Kindly enclose the experience certificates (present/past) and all the attested copies of testimonials mentioned in the application form, duly signed by Competent Authorities.

13. Service Record (starting from present employment)

Designation	Organization/Institution	From	To
1.			
2.			
3.			

14. Option of Centre for Contact Programmes: (Delhi, Kolkata, Hyderabad, Mumbai, Lucknow)

\_\_\_\_\_

Signature of the Applicant

(with full name)

Date \_\_\_\_\_

Place \_\_\_\_\_

List of attachments enclosed