Enrolment No. | D | H | M | / | | | | | / | 2 | 0 | 1 | 0 |

(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 2010-2011

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

Demand Draft No. | | | | | | | | |

Dated | | | | | | | | | (D D M M Y Y Y Y)

Drawn on Bank and Branch _____

AFFIX RECENT PASSPORT SIZE PHOTOGRAPH

1. Name of the Applicant in full (Block Letters)

In English Dr / Mr / Ms

In Hindi _____

(as you would like it on the certificate)

2. Sex: male ☐ Female ☐

3. Father's/Husband's Name

4. Date of Birth (D D M M Y Y Y Y)

5. Present Designation & Official address

District:

State:

Pin Code:

6. Type of Organization

Govt. ☐ Semi Govt. ☐ Private ☐ NGO ☐ Others ☐

7. National/State Council Registration No.

8. Mailing Address

District:

State:

Pin Code:

9. Telephone No.

Residential

Official

Mobile

10. E- Mail ID

@

11. Nationality

12. Whether belongs to SC/ST/OBC/PH:

Yes

No

13. Examination Passed:

Enter Code No.(for Col. 13)

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

Examination Passed	Subject / Discipline	Board / University & College	Year	Division
H. Sc. / 10+2				

14. Total experience of working (in years)

Years

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

Service Record (starting from present employment)

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

16. Option of Centre for Contact Programmes. (Please fill preference)

Delhi Mumbai Kolkata Hyderabad Lucknow

* Contact programme will be held at the centre subject to the condition that the candidates are 25 or more in number

Declaration by the Applicant

I declare that the particulars given above are all correct to the best of my knowledge and belief. I will, on admission, adhere to the rules and discipline of NIHFW, Delhi.

Name **Signature** **Date**

17. From where did you get to know about this course?

News paper Institutional website Journals Others