



Institute of Health Management Research, Bangalore

Registration / Nomination Form

To

Programme Officer (Academic & training)
Institute of Health Management Research
#319, Near Thimma reddy Layout,
Hulimangala Post, Electronic City,
Bangalore-560105
Ph: 080-30533800, 9741532236
Email: training.ihmrb@iihmr.org

Name of the Programme: - _____

Name of Participants: - _____

Designation: - _____

Institute/Organization _____

Complete address:- _____

Mobile No. _____ Email Id _____

Sponsoring Body Name (If Any) _____

Registration Fee Detail

Amount of DD: - Rs _____

DD Number: - _____

Bank Name : - _____

DD Date : - _____

Name & Place of issuing bank : - _____

Date: - _____ Signature: - _____