



International Institute of Health Management Research

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Registration Form for Healthcare Informatics Certification Programme

1. PERSONAL DETAILS

Name : Mr. / Ms. _____
(USE CAPITALS LETTERS)

Address: _____

(City) _____ (State) _____ (Pin) _____

Tel. (Off.) _____ (Res.) _____
(City Code) – (Area Code) – Number

Mobile* : _____

E-mail*: _____

Date of Birth: _____ (DD/MM/YYYY) Nationality _____

* e-mail address and mobile number - Mandatory.

Paste a recent color photograph of size 3.5 x 4.5 cms. Photograph must not be larger than this box. Do not sign the Photograph and do not staple.

2. ACADEMIC RECORDS

Examination Level	Board/University/Institute	Year of Passing	Marks (%) /Grade	Rank/ overall
Post Graduation				
Graduation				
XII standard				

3. OCCUPATION (start with the current employment and back wards)

Organization	Designation	Years of Employment

4. PAYMENT FOR REGISTRATION

By cash By demand draft

Remittance through Demand Draft (DD should be in favor of 'IIHMR', payable at Delhi)

DD Details	Name of Bank:	DD No.:	Date:	Amount (Rs.)

5. DECLARATION

I declare that the information provided in this form is true and complete in every aspect. I am fully aware of the condition relating to this application as mentioned in you brochure.

Place: _____ Date: _____

Signature of the Candidate