



**INSTITUTE OF HEALTH MANAGEMENT RESEARCH
BANGALORE**

**Management Development Program
Registration Form**

Name and Address of the Organization: _____

_____ Tel : _____

Personal details of the attending Delegates

S No	Name	Programs Interested	Mobile	Email ID

Details of the DD / Cheque:

Name of the Bank _____ D.D./Cheque No. _____

Amount: _____ (in Rupees) _____

Drawn the DD/Cheque in favour of 'Institute of Health Management Research' payable at Bangalore.

Signature _____

Please send this completed form with the DD / Cheque to –

The Director.

Institute of Health Management Research,
#319, Hulimangala, Near Thimma Reddy Layout, Hulimangala Post,
Electronic City Phase 1, Bangalore 560 105. Karnataka, India.

Tel.–080 30533800/823/812. Fax : 28521504. Email – mdp.bangalore@iihmr.org

Website : www.bangalore.iihmr.org / www.iihmr.org

* Accommodation will be provided on additional charges for limited number only.