



To,
Programme Coordinator,
Institute of Health Management Research
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Name of the Training Programme: - **Preparing for NABH Accreditation, An Orientation Program**

Name of Participant _____

Delegate Student Group

Institute/Organization _____

Complete address _____

Mobile no. _____ Email Id _____

Payment Options:

- ✓ **DD/ Cheque:** can be drawn in favour of: "INSTITUTE OF HEALTH MANAGEMENT RESEARCH"

Amount of DD: Rs _____ DD Number: _____ DD Date: _____

Bank Details: _____

- ✓ **Online Payment:**

Name	INSTITUTE OF HEALTH MANAGEMENT RESEARCH	Details of online payment
A/C No.	00530330000089	Name of Payer: _____
IFSC Code	HDFC0000053	_____
BIC (Swift) code:	HDFCINBBNG	_____
Address	9, Eterna, Koramangala Indl Layout, Koramangala, Bangalore, Karnataka, India Pin-560 095.	NEFT Reference No. _____ Date: _____