**Centre for Health Management and Research (CHMR)**



**APPLICATION FORM**

**Programme:**

**Mode:**

**Please Note:**

1. Please complete all the information accurately.
2. If the institute rejects any application, full refund will be made.
3. It is assured that your data will be stored in a secure way and will only be shared with placement and authorised government agencies upon your request. This form is a deemed consent for the same.
4. For details for the programme, please visit [www.chmr.org.in](http://www.chmr.org.in)
5. You are required to enclose soft (scanned) copies of all relevant testimonials along with the registration form.

The completed application form should be emailed to the Director, **Centre for Health Management and Research (CHMR), IGMPI,** A-14/B, A Block, Qutab Institutional Area, Near Old JNU Campus New Delhi-110067, India to email ID <info@igmpi.ac.in>

18001031071 **(Toll Free), Phone:** +91 11 26512850

|  |  |
| --- | --- |
| Application Details |  |
| Amount Rs.: |  |
| Demand Draft/CHQ No.: |  |
| Dated: |  |
| Bank: |  |
| NEFT Reference no: |  |

|  |
| --- |
| Affix a recent coloured passport size photograph |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Registration Number** | | | | | |
|  |  |  |  |  |  |

(Leave this space blank)

\*Crossed DD or Cheque should be in favour of “Institute of Good Manufacturing Practices India” payable at New Delhi. Please write your name and address at the back of DD/Cheque. Applicable examination fee needs to be paid at the time of your admission itself along with the programme fee.

**PERSONAL INFORMATION**

1. **Full Name:**
2. **Address of correspondence (in capital letters)**

**Postal code/Zip code**

1. **Mobile no.:**
2. **Date of Birth:**
3. **Gender:**
4. **Mother’s Name:**
5. **Father’s Name:**
6. **Email Id:**
7. **Phone no with STD code.:**
8. **Nationality:**
9. **Category:**

(SC: Scheduled Caste; ST: Scheduled Tribe; PH: Physically Handicapped; EWS: Economically Weaker Sections; Ex-servicemen)

**WORK EXPERIENCE**

1. **Work Experience (If any)**
2. Total work experience: Year Months
3. List all your work

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From | To | Total completed months | Name the organization | Designation | Brief job profile |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**ACADEMIC QUALIFICATIONS**

1. **Pre-Bachelor’s Degree Examination(s):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Std. | School/  Institute | Board/  University | Year  completed | % Marks  Obtained | Class/  Division |
| 10th  High School |  |  |  |  |  |
| 12th  Intermediate |  |  |  |  |  |

1. **Bachelor’s Degree Examination(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Obtained |  | Subject/Specialization |  |
| College/Institute |  | University |  |

|  |  |  |
| --- | --- | --- |
| Year | | Marks considered for award of Class/Division in Bachelor’s |
| From (DD/MM/YYYY) | To  (DD/MM/YYYY) | CGPA/ % of Marks obtained/ Grade |
|  |  |  |

1. **Post-Graduation Degree/Diploma (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Obtained |  | Subject/Specialization |  |
| College/Institute |  | University |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Year | | Subject | % of Marks obtained |
| From  (DD/MM/YYYY) | To  (DD/MM/YYYY) |  |  |
|  |  |

1. **Professional qualification (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Obtained |  | Subject/Specialization |  |
| College/Institute |  | University |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Year | | Subject | % of Marks obtained |
| From  (DD/MM/YYYY) | To  (DD/MM/YYYY) |  |  |
|  |  |

**DECLARATION**

I have carefully filled up all the information and agree to abide by the decision of the IGMPI, New Delhi authorities regarding my registration. I certify that the particulars given by me in the form are true to the best of my knowledge and belief.

Date Name:

Place Signature: