

**ADMISSION NOTICE: 2026-27 / प्रवेश सूचना: 2026-27**  
**NATIONAL INSTITUTE OF PUBLIC HEALTH TRAINING & RESEARCH, MUMBAI – 04**  
**राष्ट्रीय जन स्वास्थ्य प्रशिक्षण एवं अनुसंधान संस्थान मुंबई-04**

National Institute of Public Health Training & Research, Mumbai invites applications in the prescribed format for the academic year 2026-27 for the following **Regular Training course**.

Post Graduate Diploma in Hospital Management (PGDHM) is affiliated to International Institute for Population Sciences (IIPS), Mumbai a Deemed University under the Ministry of Health & Family Welfare Government of India.

The details of course brief, syllabus, eligibility criteria for admission etc. are available on the NIPHTR website- <https://www.niphtr.mohfw.gov.in>

Sr. No/ क्र.	Name of the regular Course / नियमित पाठ्यक्रम का नाम	Qualification/योग्यता	Age (Yrs.) /आयु (वर्ष)	No. of Seats/ सीटों की संख्या	Duration /अवधि
1.	Post Graduate Diploma in Hospital Management (PGDHM)/ अस्पताल प्रबंधन में स्नातकोत्तर डिप्लोमा (पीजीडीएचएम)	1. a. Graduate from a UGC-recognized University/ b. Medical Graduates/ c. Nursing Graduates (B.Sc., Post Basic)/ d. General Nursing & Midwifery (GNM)-with one year experience/ e. Paramedical Graduates from allied Health Courses with one year experience. 2. Desirable- Work experience in Hospital Set up is desirable.	-	30	One year

**Instructions to the Candidates/अभ्यर्थियों के लिए निर्देश:**

1. Applications are to be submitted in **online mode** on NIPHTR Website - <https://www.niphtr.mohfw.gov.in> (refer Annexure-I for guidelines) and in addition the paper copy of the same along with necessary enclosures are to be submitted to **Director, National Institute of Public Health Training and Research, 332, S. V. P. Road, Girgaon, Khetwadi, Mumbai - 400 004** by **Registered / Speed post only**.
2. While **submitting the hard copy**, full name of the course applied for (**in block letters**) should be written on **top of the envelope**.
3. Candidates belonging to reserved categories will be given age relaxation as per government norms.
4. Expenses towards Educational Tours and Field visits to & fro journey by train/air, lodging & boarding are to be borne by candidates separately.
5. Selection of the candidates will be by a selection committee constituted by NIPHTR, Mumbai.
6. An entrance test for the screening of candidates will be conducted in case the applicants are more than the seats.
7. PGDHM is full time **regular course in offline mode**. The lectures will be conducted at NIPHTR, Panvel campus.
8. Being non-residential course ,boarding and lodging facilities will not be provided. However ,in exceptional instances,this facility could be provided in limited cases based on availability.
9. The last date for submission of applications for PGDHM course is **31<sup>st</sup> March 2026**.
10. NIPHTR, Mumbai reserves the right to incorporate changes in course curriculum including evaluation, duration, fees, and the number of seats and may cancel the proposed schedule dates without assigning any reason & without notice

**प्रवेश सूचना: 2026-27**  
**राष्ट्रीय जन स्वास्थ्य प्रशिक्षण एवं अनुसंधान संस्थान मुंबई-04**

राष्ट्रीय जन स्वास्थ्य प्रशिक्षण एवं अनुसंधान संस्थान, मुंबई निम्नलिखित नियमित प्रशिक्षण पाठ्यक्रमों के लिए शैक्षणिक वर्ष 2026-27 के लिए निर्धारित प्रारूप में आवेदन आमंत्रित करता है। अस्पताल प्रबंधन में स्नातकोत्तर डिप्लोमा (पीजीडीएचएम) इंटरनेशनल इंस्टीट्यूट फॉर पॉपुलेशन साइंसेज (आई.आई.पी.एस.), मुंबई से संबद्ध हैं, जो स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तहत एक डीम्ड विश्वविद्यालय है।

पाठ्यक्रम का संक्षिप्त विवरण, पाठ्यक्रम में प्रवेश के लिए पात्रता मानदंड आदि का विवरण एन.आई.पी.एच.टी.आर. वेबसाइट-<https://www.niphtr.mohfw.gov.in> पर उपलब्ध है।

क्र.	पाठ्यक्रम का नाम	योग्यता	आयु (वर्ष)	सीटों की संख्या	अवधि
1.	अस्पताल प्रबंधन में स्नातकोत्तर डिप्लोमा (पीजीडीएचएम)	<p>1. a. यूजीसी से मान्यता प्राप्त विश्वविद्यालय से स्नातक। b. मेडिकल स्नातक/ c. नर्सिंग स्नातक (बीएससी, पोस्ट बेसिक)/ d. जनरल नर्सिंग एंड मिडवाइफरी (जीएनएम) - एक वर्ष का अनुभव/ e. संबद्ध स्वास्थ्य पाठ्यक्रमों से पैरामेडिकल स्नातक - एक वर्ष का अनुभव/ 2. वांछनीय - अस्पताल में कार्य अनुभव वांछनीय है।</p>	-	30	1 वर्ष

- आवेदन एनआईपीएचटीआर वेबसाइट- <https://www.niphtr.mohfw.gov.in> (दिशानिर्देशों के लिए अनुलग्नक-1 देखें) पर ऑनलाइन मोड में जमा किए जाने हैं एवं आवश्यक संलग्नकों के साथ इसकी कागज़ कॉपी निदेशक, राष्ट्रीय जन स्वास्थ्य प्रशिक्षण एवं अनुसंधान संस्थान, 332, एस. वी. पी. रोड, गिरगांव, खेतवाड़ी, मुंबई - 400 004 पर केवल पंजीकृत / स्पीड पोस्ट द्वारा जमा करनी अनिवार्य है।
- कागज़ (हार्ड) कॉपी जमा करते समय लिफाफे के ऊपर आवेदित पाठ्यक्रम का पूरा नाम (बड़े अक्षरों में) लिखा होना चाहिए।
- आरक्षित श्रेणियों से संबंधित उम्मीदवारों को सरकारी मानदंडों के अनुसार आयु में छूट दी जाएगी।
- छात्र के शैक्षिक दौरे और फील्ड विजिट के दौरान ट्रेन/हवाई मार्ग द्वारा यात्रा का शुल्क, आवास और बोर्डिंग शुल्क उम्मीदवारों द्वारा अलग से वहन किया जाएगा।
- उम्मीदवारों का चयन एनआईपीएचटीआर, मुंबई द्वारा गठित चयन समिति द्वारा किया जाएगा।
- यदि आवेदकों की संख्या सीटों से अधिक हो तो उम्मीदवारों की स्क्रीनिंग के लिए प्रवेश परीक्षा आयोजित की जाएगी।
- पीजीडीएचएम ऑफलाइन मोड में पूर्णकालिक नियमित पाठ्यक्रम है जो ऑफलाइन मोड में संचालित किया जाएगा। व्याख्यान एनआईपीएचटीआर, पनवेल परिसर में आयोजित किए जाएंगे।
- चूंकि यह गैर-आवासीय पाठ्यक्रम है, इसलिए बोर्डिंग और आवास की सुविधाएं उपलब्ध नहीं करवाई जाएंगी। हालांकि, विशेष परिस्थितियों में, यह सुविधा उपलब्धता के आधार पर सीमित मामलों में प्रदान की जा सकती है।
- पीजीडीएचएम पाठ्यक्रम के लिए आवेदन जमा करने की अंतिम तिथि 31 मार्च 2026 है।
- एन.आई.पी.एच.टी.आर., मुंबई पाठ्यक्रम सामग्री, अवधि, शुल्क, सीटों की संख्या में परिवर्तन शामिल करने का अधिकार सुरक्षित रखता है और बिना कोई कारण बताए और बिना किसी सूचना के प्रस्तावित कार्यक्रम तिथियों को रद्द कर सकता है।



सत्यमेव जयते

GOVERNMENT OF INDIA  
Ministry of Health & Family Welfare

NATIONAL INSTITUTE OF PUBLIC HEALTH TRAINING & RESEARCH

**MUMBAI CAMPUS:** 332, S.V.P. Road, Girgaon, Khetwadi, Mumbai – 400 004.

**TEL.:** 022 – 2386 2736 **Email:** director.fwtrc@nic.in

**NAVI MUMBAI CAMPUS:** Plot No. 6 & 6 A, Sector 18, New Panvel – 410 218.

**Website:** www.niphtr.mohfw.gov.in

**APPLICATION FORM**

PHOTO

**Name of the Course: POST GRADUATE DIPLOMA IN HOSPITAL MANAGEMENT**

1. Name in Full:  
(In Block Letters)
2. Gender:
3. Age (as on 31<sup>st</sup> May 2026): \_\_\_\_\_ Years, \_\_\_\_\_ Months & \_\_\_\_\_ Days
4. Marital Status:
5. Designation of the Present Post:
6. Nationality:
7. a. Present Address (to which communication to be sent):

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- b. Permanent Address (If different from above):

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- c. Phone No. (Office): \_\_\_\_\_ Phone No. (Residence): \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email (Compulsory): \_\_\_\_\_

8. Date & Place of Birth:

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Date of Birth  
(DD/MM/YYYY)

Place: \_\_\_\_\_

9. Do you belong to Scheduled Caste / Scheduled Tribe / OBC /

YES	NO
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EWS: If Yes,

Scheduled Caste / Scheduled Tribe / OBC / EWS:

Sub-caste: \_\_\_\_\_

(Please attach Valid Caste Certificate & OBC Non-Creamy Layer Certificate from the District Authority, EWS Certificate from competent authority otherwise application will be treated as general category.)

10. Academic record:

Give particulars of all examinations and degrees obtained:

Exam / Degree	Board / Institution / University	Medium of Examination	Year of Passing	Division / Class with % of marks	Subject (s) Offered

11. Employment Record (If Any): (Please attach Experience certificate from Employer)

Employer	Post held	From (Date)	To (Date)	Salary last Drawn	Reasons for leaving the post

12. List your important present job responsibilities: -

- (1)
- (2)
- (3)

13. Give reasons in brief as to why you seek admission and your expectation from this training course: -

- (1)

- (2)
- (3)

14. Give names, occupations/positions, contact numbers and addresses of two references, other than your relatives, who are in a position to give information about you and your work:-

I _____ _____ _____	II _____ _____ _____
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DECLARATION BY THE APPLICANT

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

Place & Date:

SIGNATURE OF THE APPLICANT

**CERTIFICATE FROM EMPLOYER**

(FOR USE IN THE CASE OF SPONSORED CANDIDATES ONLY)

In case the candidate is selected for the training at the National Institute of Public Health Training and Research, Mumbai, whether the State or Central Govt. or any other agency with whom the applicant working:

- a) Will relieve him / her? : YES / NO
- b) Will provide him / her deputation Allowance or / and pay during : YES /  
NO period of training?

Certified that Mr / Mrs / Miss \_\_\_\_\_ holds a post in this Department / Office / Institution / Organisation and that the statement made by him / her in this form are correct to the best of my knowledge and belief. I recommend his/ her admission to the training programme of the Centre.

SIGNATURE:

(Office seal)

DESIGNATION:

Department / Office / \_\_\_\_\_  
Institution / Organisation \_\_\_\_\_  
Phone No. (Office): \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_ E-mail \_\_\_\_\_ ID: \_\_\_\_\_  
\_\_\_\_\_

PLACE:

DATE:

**ENCLOSURES TO BE ATTACHED ALONG WITH APPLICATION FORM:**

1. SSC certificate (attested copy)
2. Graduation certificate (attested copy)
3. Age proof mentioning complete date of birth (attested copy)
4. Caste certificate alongwith validity certificate (if applicable)
5. Non creamy layer certificate for OBC candidates (attested copy)
6. EWS Certificate from competent authority (if applicable)
7. Experience certificate (if applicable)
8. Forwarding letter from Competent Authority (if applicable)
9. Medical fitness certificate from the District Civil Surgeon or equivalent  
Competent Medical Authority


Applications are to be submitted in **online mode** on NIPHTR Website- <https://www.niphtr.mohfw.gov.in> (refer Annexure-I for guidelines) and in addition to the hard copy of the same along with necessary enclosures are to be submitted to **The Director, National Institute of Public Health Training and Research, 332, S. V. P. Road, Girgaon, Khetwadi, Mumbai - 400 004** by **Registered / Speed post only**. While **submitting the hard copy**, full name of the course applied for (**in block letters**) should be written on **top of the envelope**.

**Fees Structure:**

**Post Graduate Diploma in Hospital Management (PGDHM)**

<b>Sr. No.</b>	<b>Particulars</b>	<b>Amount ((Rs.)</b>
<b>A)</b>	Admission Fee (One time)	3000/-
<b>B)</b>	<b>Semester I</b>	
1.	Tuition Fee #	8000/-
2.	Computer Fee	1000/-
3.	Library Fee	1000/-
4.	Examination Fee	750/-
	<b>TOTAL</b>	<b>13,750/-</b>
<b>C)</b>	<b>Semester II</b>	
1.	Tuition Fee #	8000/-
2.	Computer Fee	1000/-
3.	Library Fee	1000/-
4.	Examination Fee	750/-
5.	Diploma Certificate Fee	500/-
	<b>TOTAL</b>	<b>11,250/-</b>
	<b>TOTAL COURSE FEES (A+B+C)</b>	<b>25,000/-</b>