

### GOVERNMENTOFINDIA MinistryofHealth &Family Welfare

# NATIONALINSTITUTEOFPUBLICHEALTHTRAINING&RESEARCH

#### MUMBAICAMPUS:332,S.V.P.Road,Girgaon,Khetwadi,Mumbai–400004. TEL.:23881724/23893165FAXNO.(91)22–23862736Email: director.fwtrc@nic.in NAVIMUMBAICAMPUS:PlotNo.6&6A,Sector18,NewPanvel(E)–410218. Website:www.niphtr.mohfw.gov.in

# **APPLICATION FORM**

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

- 1. Name in Full: (In Block Letters)
- 2. Sex:

 3. Age (as on 31<sup>st</sup> May 2025):
 Years,
 Months & \_\_\_\_\_ Days

- 4. Marital Status:
- 5. Designation of the Present Post:
- 6. Nationality:
- 7. a. Present Address (to which communication to be sent):

b. Permanent Address (If different from above):				
c. Phone No. (Office): Mobile No.:				
Email (Compulsory):				

### 8. Date & Place of Birth:

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

YES NO

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)

Post held	From (Date)	To (Date)	Salary last	Reasons for leaving the post
		(Daic)	Diawii	
	Post held	Post held From (Date)		5

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

# **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.

### **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 \_\_\_\_\_holds \_\_\_\_\_holds \_\_\_\_\_\_holds \_\_\_\_\_\_ 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:

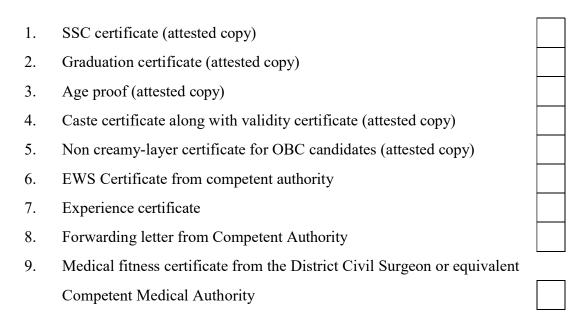
(Office seal)

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:



Applications are to be submitted in online mode on NIPHTR Websitehttps://www.niphtr.mohfw.gov.in (refer Annexure-I for guidelines) and the hard 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. While submitting the hard copy, full name of the course applied for (in block letters) should be written on top of the envelope.