Enrolment No.
(to be filled by the office)

PGDM			/					/	2	0	2	6

आरोग्यम् सुखसम्पदा

THE NATIONAL INSTITUTE OF HEALTH AND FAMILYWELFARE
NEW DELHI – 110067

APPLICATION FORM FOR ADMISSION TO
P. G. DIPLOMA IN MANAGEMENT (PGDM)
(_____)

THROUGH DISTANCE LEARNING
BATCH 2026-27

Ministry of Health and Family Welfare
Government of India
सत्यमेव जयते

COURSE FEE Rs.35, 000/- (Rupees Thirty Five Thousand only) through Demand Draft drawn in favour of the Director, NIHFW, payable at New Delhi

Demand Draft No./ Online Transaction Receipt No.

Dated (D D M M Y Y Y Y)

Drawn on Bank and Branch _____

AFFIX RECENT PASSPRT SIZE PHOTOGRAPH

1. Name of the Applicant in full (BLOCK LETTERS) In English Dr / Mr / Ms	
	In Hindi _____ **(as you would like it on the certificate)**
2. Sex	**Male** ☐ **Female** ☐ **Others** ☐
3. (a) Father's Name	
3. (b) Mother's Name	
4. Date of Birth	**D D M M Y Y Y Y**
5. Present Designation & Official Address	District / State / Pincode
6. Type of Organization	Govt. ☐ Semi Govt. ☐ Private ☐ NGO ☐ Others ☐

7. Mailing Address

District

State

Pincode

8. Telephone No.

Residential

Official

Mobile

9. E- Mail ID

10. Nationality

11.(a) Whether belongs to SC/ST/OBC/PH **Yes** **No**

11 (b) APAAR ID.

12. Examination Passed

Graduate in any discipline (Mention the discipline in the column)

Examination Passed	Subject / Discipline	Board / University & College	Year	Division

13. Total experience of working (in years) **Years**

14. Kindly enclose the experience certificates (present/past) and all the attested copies of testimonials mentioned in the application form, duly signed by Competent Authorities.

Service Record (starting from present employment)

Designation	Organization/Institution	From	To
1.			
2.			
3.			

15. Study Material Printed copy Required @ Rs. 3000/-

Yes		No		If yes Please confirm the payment Receipt No. & Date of Transaction	

Declaration by the Applicant

I declare that the particulars given above are all correct to the best of my knowledge and belief. I will, on admission, adhere to the rules and discipline of NIHFW, New Delhi

Name **Signature** **Date**